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# MANDATORY POLICIES

## Attachment 1

<b>Private Provider Contract Agencies Will Adhere to the Following DCS Policies. (All collateral attachments to these policies also must be reviewed)</b>			
<b>#</b>	<b>Policy Name, Click to view</b>	<b>Contact</b>	<b>Comments</b>
<a href="http://www.tn.gov/youth/dcsguide/policies/chap1/1.4.pdf">http://www.tn.gov/youth/dcsguide/policies/chap1/1.4.pdf</a>	<u><a href="#">Incident Reporting</a></u>	Audrey Corder	Cross-reference with 31.2
<a href="http://www.tn.gov/youth/dcsguide/policies/chap9/9.4.pdf">http://www.tn.gov/youth/dcsguide/policies/chap9/9.4.pdf</a>	<u><a href="#">Confidential Child-Specific Information</a></u>	Stacy Miller	
<a href="http://www.tn.gov/youth/dcsguide/policies/chap9/9.5.pdf">http://www.tn.gov/youth/dcsguide/policies/chap9/9.5.pdf</a>	<u><a href="#">Access and Release of Confidential Child-Specific Information</a></u>	Stacy Miller	
<a href="http://www.tn.gov/youth/dcsguide/policies/chap14/14.24.pdf">http://www.tn.gov/youth/dcsguide/policies/chap14/14.24.pdf</a>	<u><a href="#">Child Protective Services Background Checks</a></u>	Emmalene Palmer	
	Best Practice Guide for Adoption	Julie Flannery	
<a href="http://www.tn.gov/youth/dcsguide/policies/chap15/15.5.pdf">http://www.tn.gov/youth/dcsguide/policies/chap15/15.5.pdf</a>	<u><a href="#">Registering and Maintaining Status of Children with REACT</a></u>	Julie Flannery	
<a href="http://www.tn.gov/youth/dcsguide/policies/chap15/15.8.pdf">http://www.tn.gov/youth/dcsguide/policies/chap15/15.8.pdf</a>	<u><a href="#">Preparing Adoption Records for Archives</a></u>	Julie Flannery	
<a href="http://www.tn.gov/youth/dcsguide/policies/chap15/15.11.pdf">http://www.tn.gov/youth/dcsguide/policies/chap15/15.11.pdf</a>	<u><a href="#">Adoption Assistance</a></u>	Julie Flannery	
<a href="http://www.tn.gov/youth/dcsguide/policies/chap16/16.3.pdf">http://www.tn.gov/youth/dcsguide/policies/chap16/16.3.pdf</a>	<u><a href="#">Desired Characteristics of</a></u>	Julie Flannery	

## MANDATORY POLICIES

## Attachment 1

	<u>Resource Parents</u>		
<a href="http://www.tn.gov/youth/dcsguide/policies/chap16/16.4.pdf">http://www.tn.gov/youth/dcsguide/policies/chap16/16.4.pdf</a>	Resource Home Approval	Julie Flannery	
<a href="http://www.tn.gov/youth/dcsguide/policies/chap16/16.8.pdf">http://www.tn.gov/youth/dcsguide/policies/chap16/16.8.pdf</a>	<u>Responsibilities of Approved Resource Parents</u>	Julie Flannery	
<a href="http://www.tn.gov/youth/dcsguide/policies/chap16/16.11.pdf">http://www.tn.gov/youth/dcsguide/policies/chap16/16.11.pdf</a>	<u>Shared Resource Homes</u>	Julie Flannery	
<a href="http://www.tn.gov/youth/dcsguide/policies/chap16/16.27.pdf">http://www.tn.gov/youth/dcsguide/policies/chap16/16.27.pdf</a>	<u>Resource Parent Fourteen-Day Removal Notice and Right to Appeal</u>	Julie Flannery	
<a href="http://www.tn.gov/youth/dcsguide/policies/chap16/16.38.pdf">http://www.tn.gov/youth/dcsguide/policies/chap16/16.38.pdf</a>	<u>Face-to-Face Visitation with Dependent and Neglected and Unruly Children in DCS Custody</u>	Julie Flannery	
<a href="http://www.tn.gov/youth/dcsguide/policies/chap16/16.43.pdf">http://www.tn.gov/youth/dcsguide/policies/chap16/16.43.pdf</a>	<u>Super Unsupervised Visitation Between Child-Youth, Family and Siblings</u>	Julie Flannery	
<a href="http://www.tn.gov/youth/dcsguide/policies/chap16/16.46.pdf">http://www.tn.gov/youth/dcsguide/policies/chap16/16.46.pdf</a>	<u>Child/Youth Referral and Placements</u>	John Johnson	
<a href="http://www.tn.gov/youth/dcsguide/policies/chap16/16.51.pdf">http://www.tn.gov/youth/dcsguide/policies/chap16/16.51.pdf</a>	<u>Interdependent</u>	Dave Aguzzi	

### Attachment 1 – Mandatory Policies

## MANDATORY POLICIES

## Attachment 1

	<u>Living Plan</u>		
<a href="http://www.tn.gov/youth/dcsguide/policies/chap19/19.1.pdf">http://www.tn.gov/youth/dcsguide/policies/chap19/19.1.pdf</a>	<u>Suicide-Self Harm Intervention</u>	Steven Bell/Deborah Gatlin	
<a href="http://www.tn.gov/youth/dcsguide/policies/chap19/19.8.pdf">http://www.tn.gov/youth/dcsguide/policies/chap19/19.8.pdf</a>	<u>Referral to Division of Mental Health Adult</u>	Diana Yelton	
<a href="http://www.tn.gov/youth/dcsguide/policies/chap20/20.7.pdf">http://www.tn.gov/youth/dcsguide/policies/chap20/20.7.pdf</a>	TENNderCARE Early Periodic Screening Diagnosis and Treatment Standards (EPSDT)	Mary Beth Franklyn	
<a href="http://www.tn.gov/youth/dcsguide/policies/chap20/20.8.pdf">http://www.tn.gov/youth/dcsguide/policies/chap20/20.8.pdf</a>	<u>Reproductive Health Education and Services</u>	Well-being Unit	
<a href="http://www.tn.gov/youth/dcsguide/policies/chap20/20.12.pdf">http://www.tn.gov/youth/dcsguide/policies/chap20/20.12.pdf</a>	<u>Dental Services</u>	Mary Beth Franklyn	
<a href="http://www.tn.gov/youth/dcsguide/policies/chap20/20.15.pdf">http://www.tn.gov/youth/dcsguide/policies/chap20/20.15.pdf</a>	<u>Medication Administration-Storage and Disposal</u>	Deborah Gatlin	
<a href="http://www.tn.gov/youth/dcsguide/policies/chap20/20.18.pdf">http://www.tn.gov/youth/dcsguide/policies/chap20/20.18.pdf</a>	<u>Psychotropic Medication</u>	Deborah Gatlin	
<a href="http://www.tn.gov/youth/dcsguide/policies/chap20/20.19.pdf">http://www.tn.gov/youth/dcsguide/policies/chap20/20.19.pdf</a>	<u>Communicable Diseases</u>	Patricia Slade	
<a href="http://www.tn.gov/youth/dcsguide/policies/chap20/20.21.pdf">http://www.tn.gov/youth/dcsguide/policies/chap20/20.21.pdf</a>	<u>Emergency and PRN</u>	Deborah Gatlin	

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## MANDATORY POLICIES

## Attachment 1

	<u>Use of Psychotropic Medication</u>		
<a href="http://www.tn.gov/youth/dcsguide/policies/chap20/20.22.pdf">http://www.tn.gov/youth/dcsguide/policies/chap20/20.22.pdf</a>	<u>HIV and AIDS</u>	Patricia Slade	
<a href="http://www.tn.gov/youth/dcsguide/policies/chap20/20.24.pdf">http://www.tn.gov/youth/dcsguide/policies/chap20/20.24.pdf</a>	<u>Informed Consent</u>	Deborah Gatlin	
<a href="http://www.tn.gov/youth/dcsguide/policies/chap20/20.25.pdf">http://www.tn.gov/youth/dcsguide/policies/chap20/20.25.pdf</a>	<u>Health Information Records and Access</u>	Kristi Faulkner/Patricia Slade	
<a href="http://www.tn.gov/youth/dcsguide/policies/chap20/20.59.pdf">http://www.tn.gov/youth/dcsguide/policies/chap20/20.59.pdf</a>	<u>Medication Error Guidelines</u>	Deborah Gatlin	
<a href="http://www.tn.gov/youth/dcsguide/policies/chap21/21.14.pdf">http://www.tn.gov/youth/dcsguide/policies/chap21/21.14.pdf</a>	<u>Serving the Educational Needs of the Child/Youth</u>	Mary Meador	
<a href="http://www.tn.gov/youth/dcsguide/policies/chap21/21.16.pdf">http://www.tn.gov/youth/dcsguide/policies/chap21/21.16.pdf</a>	<u>Rights of Foster Child with Disabilities and IDEA</u>	Mary Meador	
<a href="http://www.tn.gov/youth/dcsguide/policies/chap21/21.18.pdf">http://www.tn.gov/youth/dcsguide/policies/chap21/21.18.pdf</a>	<u>Notification to School Principals of Certain Delinquency Adjudications</u>	Mary Meadow	
<a href="http://www.tn.gov/youth/dcsguide/policies/chap21/21.19.pdf">http://www.tn.gov/youth/dcsguide/policies/chap21/21.19.pdf</a>	<u>Education Passport</u>	Mary Meador	
<a href="http://www.tn.gov/youth/dcsguide/policies/chap21/21.20.pdf">http://www.tn.gov/youth/dcsguide/policies/chap21/21.20.pdf</a>	<u>Non-Traditional Educational Settings</u>	Mary Meador	
<a href="http://www.tn.gov/youth/dcsguide/policies/chap25/25.10.pdf">http://www.tn.gov/youth/dcsguide/policies/chap25/25.10.pdf</a>	<u>Behavior</u>	Audrey Corder	

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## MANDATORY POLICIES

## Attachment 1

	<u>Management</u>		
<a href="http://www.tn.gov/youth/dcsguide/policies/chap27/27.1.pdf">http://www.tn.gov/youth/dcsguide/policies/chap27/27.1.pdf</a>	<u>Use of Mechanical Restraints</u>	Audrey Corder	Also 31.15, in revision
<a href="http://www.tn.gov/youth/dcsguide/policies/chap27/27.2.pdf">http://www.tn.gov/youth/dcsguide/policies/chap27/27.2.pdf</a>	<u>Seclusion</u>	Audrey Corder	
<a href="http://www.tn.gov/youth/dcsguide/policies/chap27/27.3.pdf">http://www.tn.gov/youth/dcsguide/policies/chap27/27.3.pdf</a>	<u>Physical Restraint</u>	Audrey Corder	
<a href="http://www.tn.gov/youth/dcsguide/policies/chap31/31.2.pdf">http://www.tn.gov/youth/dcsguide/policies/chap31/31.2.pdf</a>	<u>Responsibilities Regarding Runaways, Absconders and Escapees</u>	Dave Anderson	Cross-reference with 1.4 Incident Reporting
<a href="http://www.tn.gov/youth/dcsguide/policies/chap31/31.7.pdf">http://www.tn.gov/youth/dcsguide/policies/chap31/31.7.pdf</a>	<u>Building, Preparing and Maintaining Child and Family Teams</u>	Diane Irwin	

## POLICIES FOR INFORMATION

## Attachment 2

Private Provider Contract Agencies will use these DCS Policies for Reference and Information			
#	Policy Name Click on policy to view	Contact	Comments
1.33	Research Proposals	Susan Mee	Policy references using children in research.
12.1	Return to Home Placement: Youth Adjudicated Delinquent	Isaiah Davis	Note agencies must request passes through DCS and include summary of youth's progress in the monthly report. Note any new contact information regarding the pass in the monthly reports. DCS makes release requests. Providers should participate in the release CFTM.
12.5	Passes For Youth Adjudicated Delinquent	Isaiah Davis	
14.15	Reporting False Allegations of Child Sexual Abuse	Irma Buchanan	Use 1-877-237-0004 to report child abuse/neglect.
14.20	Notice of Child Fatality Near Fatality	Irma Buchanan	Notify DCS.
14.25	Special Child Protective Services Investigations	Jennifer Hamilton	SIU investigates allegation in provider placements.
16.2	Multi Ethnic-inner Ethnic Placement Act	Servella Terry	Note statutory requirements, prohibitions and possible sanctions.
16.20	Expedited Custodial Placements	Julie Flannery	Providers may not make expedited placements.
16.21	DCS Employees as Resource Parents	Julie Flannery	DCS employees cannot parent DCS custodial children for private agencies.
16.23	Resource Home Case Files	Julie Flannery	
16.29	Resource Home Board Rates	Julie Flannery	Providers cannot pay their resource families any less than the DCS board rates.
16.31	Permanency Planning For Children/Youth in	Diane Irwin	Providers should:

## POLICIES FOR INFORMATION

## Attachment 2

	DCS Custody		Participate in Permanency Planning, Develop treatment plans based on the perm plan, Provide information for the FCRB to DCS through monthly reports, Receive notice on hearings and FCRBs from DCS and are encouraged to attend and help ensure children 12 and older also attend.
16.32	Foster Care Review and Quarterly Progress Reports	Diane Irwin	
16.33	Permanency Hearings	Diane Irwin	
16.39	Subsidized Guardianship	Odessa Krech-Helmer	These cases are limited and typically will only apply in PPLA case of youth 14+, who have been with a family a year or more. It is important to prepare provider families that once the child leaves care through SPG, that child is no longer a part of the agency and the payment the family receives will only be what is approved through the SPG agreement.
16.48	Conducting Diligent Search	Julie Flannery	Providers should communicate any new/known relative/kin contact information to DCS so that they(DCS) may follow-up.
16.52	Eligibility for Interdependent Living and Voluntary Post-Custody Services	Dave Aguzzi	See Interdependent Living Section.
16.53	Identifying and Accessing Interdependent Living Services	Dave Aguzzi	
16.54	Provision of Voluntary Post-Custody Services to Young Adults	Dave Aguzzi	
16.55	Post Secondary Scholarships: Educational and Training Vouchers and State Funded Scholarship	Dave Aguzzi	See Interdependent Living Section.



## POLICIES FOR INFORMATION

## Attachment 2

16.56	Interdependent Living Direct Payment Allowance <a href="http://www.tn.gov/youth/dcsguide/policies/chap16/16.56.pdf">http://www.tn.gov/youth/dcsguide/policies/chap16/16.56.pdf</a>	Dave Aguzzi	
20.3	Reporting Suspected TennCare Fraud or Fiscal Abuse	Mary Beth Franklyn	
20.9	Court Advocate Program	Stacy Miller, Irma Buchanan, & Patricia Slade	
24.10	Title VI Program and Complaint Process	Steve Hovies	
24.11	Grievance Procedures For Youth in DCS Group Homes	Becky Phelps	
24.13	Access to Legal Counsel For Youth in DCS Group Homes	Becky Phelps	
31.15	Transportation of Children/Youth by Regional and Field Services Employees	In revision	
32.	<u>HIPAA</u> <a href="http://www.tn.gov/youth/dcsguide/policies/c/hap32/32.1.pdf">http://www.tn.gov/youth/dcsguide/policies/c/hap32/32.1.pdf</a>	Kristi Faulkner	

Attachment 3 - DCS Forms			
#	Form Name	Requirement	Policy Reference
0741	Database Search Results	Mandatory Form	14.24
0695	REACT Child Entry Information	Mandatory Form	15.5
0696	REACT Child Status Information	Mandatory Form	15.5
0677	Closed Adoption Case Record Face Sheet	Mandatory Form	15.8
0422	Mailing and Acknowledging Case Record, Record Materials and Forms	Mandatory Form	15.8
0460	Intent to Adopt and Application for Adoption Assistance	Mandatory Form	15.11
0674	Special or Extraordinary Rate Request	Mandatory Form	15.11
0431	Monthly Family Income and Expenditures	Equivalent Accepted	16.3, 16.4
0678	Resource Parent Medical Report	Equivalent Accepted	16.3, 16.4
0690	Resource Home Study Verifications Checklist	Equivalent Accepted	16.4
0691	Fingerprint Card Information	Equivalent Accepted	16.4
0687	Internet Records Clearance	Equivalent Accepted	16.4
0676	Home Safety Checklist	Equivalent Accepted	16.4
0427	Child's Medical Record	Equivalent Accepted	16.4
0673	Resource Parent Oath of Confidentiality	Equivalent Accepted	16.4
0670	Oath to Report Suspected Child Abuse or Neglect and to Abide by Child Safety Restraint Laws	Equivalent Accepted	16.4
0553	Discipline Policy	Equivalent Accepted	16.4
0697	REACT Family Entry Information	Mandatory Form	16.4
0675	Resource Family Cover Sheet	Equivalent Accepted	16.8

Attachment 3 - DCS Forms			
#	Form Name	Requirement	Policy Reference
0630	Resource Home Prescription Medication Record	Mandatory Form	16.8, 20.15
0689	Health Services Confirmation and Follow up Notification	Mandatory Form	16.8
0692	Resource Home Mutual Reassessment	Mandatory Form	16.8
0707	Resource Parent Annual Medical Self Report	Mandatory Form	16.8
0685	Resource Family Update Checklist	Equivalent Accepted	16.8
0706	Absconder/Runaway/Escapee Checklist		16., 31.2
0698	REACT Family Status Information	Mandatory Form	16.8
0773	Resource Home Addendum	Equivalent Accepted	16.8
0672	Shared Resource Home Authorization	Mandatory Form	16.11
0450	Notice of Removal of a Child from a Resource Home	Mandatory Form	16.27
0403	Appeal for Fair Hearing	Mandatory Form	16.27
0583	Waiver of Right to Appeal	Mandatory Form	16.27
0594	Visitation Observation Checklist		16.43
0544	Resource Home Placement Checklist		16.46
	TennCare Medical Appeal, available on TennCare web site		16.46
0543	Well-Being Information and History		20.7
0708	EPSDT Physical Examination	Used by YDC, Level IV and RTC. All other locations/levels use the Health Department document	20.7
0628	Request for Prior Approval of PRN Psychotropic Medication	Mandatory Form	20.7

Attachment 3 - DCS Forms			
#	Form Name	Requirement	Policy Reference
0206	Authorization for Routine Health Services for Minors		20.7
0593	Medication Observation Record	Equivalent Accepted	20.15
0627	Informed Consent for Psychotropic Medication	Mandatory Form	20.24
0629	Psychotropic Medication Evaluation	Mandatory Form	20.24
0158	Notification of Equal Access to Programs and Services and Grievance Procedures		24.10
0636	Title VI Complaint		24.10
BI-0083	TBI Missing/Wanted Person Report		31.2
0156	Violation Report		31.2
0706	Runaway/Escapee Checklist		31.2
0705	Absconder Recovery		31.2
0749	Penalty Letter for Harboring		31.2
0761	Independent Living Program Review Request	Mandatory Form	16.52, 16.54, 16.56
0778	Application for Post Custody Services	Mandatory Form	16.54
0559	Authorization for Release of Child-Specific Information from DCS and Notification of Release	Mandatory Form	16.54
0542	Research Involving Study of Existing Records or Data	Mandatory Form	6.1
0334	Request for Access to human Subjects or Records, which may involve Informed Consent	Mandatory Form	6.1
0541	Request for Information	Mandatory Form	6.1

**Resource Home Eligibility Team (RHET) Protocol****Section I: Background**

The Department of Children's Services (DCS) is subject to the rules and requirements set forth in 42 U.S.C. §672 and 45 CFR §1356.71. Known as Title IV-E of the Social Security Act (SSA), this statute sets forth standards for Federal payments for foster care and adoption assistance (sections 470-479a of the SSA). Failure to comply with these standards can result in the loss of federal funding for a limited period of time or for the duration of the foster care placement.

The Title IV-E Foster Care Eligibility Review Guide (Guide), available on the Administration for Children and Families website ([www.acf.hhs.gov](http://www.acf.hhs.gov)), provides a consistent and uniform approach for Federal and State, as well as Private Provider, staff to use as a resource in complying with requirements of the Title IV-E program. The Guide contains policy and procedural guidance on adherence to all facets of Title IV-E compliance. It is intended to complement, not supplant, applicable statutory and regulatory provisions. In the event of conflict or inconsistency between the Guide and the statute or regulations, the latter govern.

In response to these Federal requirements, and to serve as a more effective steward of public funds, DCS has chosen to develop an internal infrastructure that will provide oversight for the eligibility of all provider resource home files. The following protocol will guide this process.

**Section II: Overview**

In accordance with DCS and provider policy, private providers have full responsibility for ensuring the approval and continued eligibility of their resource homes. Providers must also adhere to all other applicable DCS policies, as well as the Provider Policy Manual, which outlines professional best practice. A provider's resource home is not considered approved and eligible to receive children for placement until **all** these State requirements are met.

In addition to the approval requirements mandated by both Tennessee Code Annotated as well as DCS policy and procedure, resource homes must also meet all applicable Federal requirements for eligibility. DCS has implemented an initiative to address this issue, the **Resource Home Eligibility Team (RHET)**. This initiative will allow the Department the ability to maintain all documents relating to the IV-E eligibility of provider resource homes in accordance with Federal statute surrounding the State's draw-down of IV-E funding. Adhering to the Federal guidelines outlined in the IV-E Plan allows the Department to assure providers continued payment for services rendered.

The Resource Homes Eligibility Team (RHET) will be responsible for reviewing and maintaining IV-E eligibility documents of each provider resource home both initially (new homes) and annually through the re-evaluation process. In addition, RHET will review the home studies that are submitted as part of the eligibility and maintenance requirement.

RHET will consist of a Program Coordinator and a Program Specialist. The positions will be a part of the Child Placement & Private Providers Division (CPPP). The Coordinator will supervise this process as well as the Program Specialist position. The team will provide oversight and **confirmation** of provider resource home eligibility.

**Section III: Possible Payment Recovery**

As stated earlier, providers are responsible for assuring that their resource homes meet eligibility criteria for Title IV-E reimbursement. **RHET is only concerned with receiving documentation that addresses Federal IV-E requirements. Please be aware that providers will remain completely responsible for assuring and maintaining all resource home requirements as per DCS policy and Provider Policy.** The initial approval of a new resource home will follow the provisions of DCS Policy 16.4. Guidelines for the annual re-approval of the home will follow the provisions of DCS Policy 16.8. Both of these policies became effective March 5, 2007. However, the effective date for any applicable payment recovery recommendations was set for October 1, 2007. This was in order to allow providers ample time to review and become familiar with any new and/or revised policies affecting resource home approval.

All required eligibility documentation must be submitted to RHET for review within **ten (10) business days** of the date the provider approved the home in the Web Application. Documentation submitted to RHET is to be provided via e-mail to CPPP or by mail.

Payment recovery recommendations will be calculated for non-compliance under the following provision: If a child (or children) is/are placed in a **provider-approved home** and that home is later found by RHET review to be ineligible, payment recovery recommendations will be made.

**Payment recovery will be calculated as follows:**

**(Per-Diem Rate) X (# of Children in the Home) X (Period of Ineligibility) = Payment recovery**

**Example: A resource home provides care for a sibling group of 3 with a per-diem rate of \$35.00 per child and the home was out of compliance for 4 days. Applying the formula above, the penalty would be assessed as follows.**

**\$35.00 (Per Diem) X 3 (Children in Home) = \$105.00**

**\$105.00 X 4 (Period of Ineligibility) = \$420.00 (Penalty).**

The length of the ineligibility period will be date-driven. Example: A home is approved (or re-approved) and declared by the provider to be ready for child placement on **10/01/07**. Then, a few days later during the subsequent RHET review, it is discovered that a required background check is missing or incomplete. RHET then notifies the provider of the discrepancy. Should the provider fail to submit the required documentation to RHET until **10/15/07**, the period of ineligibility would be the time frame from **10/1/07** through **10/15/07**. (You must provide RHET with copies of all new home approvals or annual re-assessments within 10 days of the approval date recorded in TNKids. See section V, A #4 and B #1 below)

**Section IV: Appeals of Recovery Recommendations**

Providers for whom recovery recommendations are made are afforded an avenue for redress by way of formal appeal. The following is the accepted process for the filing, handling and resolution of these appeals.

Recovery recommendations involving payments to providers for services rendered are made, in most cases, due to the following reasons:

1. A resource home is approved in the Web Application (by a provider), and children have been placed in the home, prior to all background checks required by DCS policy and IV-E safety requirements being completed.
2. The documentation required, by DCS policy or Federal IV-E guidelines, to support a home approval or re-approval decision is incomplete and children are placed in the home for services.

In order to appeal payment recovery recommendations based on any of the above, the provider agency must submit clear evidence that the absent or late documentation was indeed completed prior to the approval date recorded in the Web Application. It must also be evident that the documentation was obtained prior to custodial children being placed in the home for services. This appeal must come in writing (either electronically or by carrier mail) and must be submitted to RHET no later than five (5) working days after the agency's receipt of recovery notification from RHET.

Appeals or requests to reverse an unapproved period in order to allow an agency to invoice for services provided must document that the approval period entry date was late due to no fault of the agency. System malfunctions in the Web Application that prevent timely data entry will be considered.

Appeal requests and documentation to support the appeal will be submitted and processed as follows:

1. Initial appeal requests and all collateral documentation shall be submitted to the RHET representative responsible for the initial review of the agency. Appeals must come in writing (either electronically or by mail) and must be submitted to RHET no later than five (5) working days after the agency's receipt of the initial RHET recovery notification. If, after comprehensive review, the RHET representative finds that documentation was indeed timely according to established RHET protocol, the payment recovery recommendation will be cancelled or reversed.

The RHET representative shall then immediately notify, in writing, the following parties regarding the reversal decision: appealing agency's upper management contact (CEO, Executive Director, etc.), DCS Director of Fiscal Services, DCS Assistant Director for Child Placement and Private Providers (CPPP).

2. If after review, the RHET representative finds that the recovery recommendations are justified, the same parties are to be notified in writing immediately.

If after being initially denied, the agency continues to feel the recommendations have been made in error, they may then notify the RHET representative of continued appeal. The RHET representative who initially reviewed the appeal shall then forward the information to the Assistant Director for CPPP. The Assistant Director will then review the appeal, engaging additional DCS upper management personnel as needed.

If during this second tier of review the CPPP Assistant Director finds the agency's documentation does satisfy the guidelines set forth in DCS policy as well as federal IV-E safety requirements, the appeal will be upheld and all

parties are to be notified immediately. At this point, all recovery recommendations will be cancelled or reversed.

If, after review, it is determined by the CPPP Assistant Director that the recovery recommendation is justified, the following entities will be contacted immediately: appealing agency's upper management contact (CEO, Executive Director, etc.) and DCS Director of Fiscal Services, DCS Assistant Director for Child Placement and Private Providers (CPPP). All recovery recommendations in the original discovery will then remain in effect.

### **Section V: Resource Home Web Application**

The current Resource Homes Web Application will be used in this process. The Department's Office of Information Systems (OIS) group will be required to make some adjustments to the current system that would allow the following operations:

#### **A. Initial Approval of New Resource Homes:**

1. Providers will be responsible (as they currently are) for entering information into the Resource Homes Web Application system relative to a new provider resource home.
2. RHET will receive an e-mail notification generated from the Resource Homes Web Application upon a new resource home being added and approved by a provider. The home will then be classified as "Approved" in the system. The Department will then consider the **provider-approved** home eligible to receive children.

**Note: Providers should not add resource homes to the system until all pertinent DCS and Federal requirements for placement eligibility (all applicable background checks etc.) have been met. Failure to meet all requirements will result in ineligible placement of children and financial implications. (See Section III)**

3. Background checks submitted for new resource home approval by providers must not be dated before the activation date recorded in TNKids. (The activation date is the date in which the resource home family expressed an interest in becoming a resource parent and submitted an application).
4. It is recommended that the period between the activation date and the approval date be no more than six (6) months to ensure that the most current background information is available at the time of approval.
5. Providers will have **ten (10) business days** from the date they approve the home in the Web Application to submit the required eligibility documentation to RHET for review and maintenance. This documentation is to be provided via e-mail, carrier mail or courier to DCS Central Office's Child Placement & Private Providers Unit (CPPP). All packets received by RHET staff will be date-stamped upon receipt. **DCS, CPPP and RHET staff will not be responsible for packets lost in transit, regardless of the method of delivery.** Penalties for late submission of packets will be recommended for non-compliance with this provision on a fixed-fee basis regardless of whether or not children are placed in the home at the time the documentation is due.

The first time an individual provider office submits a late packet, the payment recovery will be based on a rate of **\$10.00 per day** for each day the packet



is late. The second incident of late submission by the same individual provider office will face a payment recovery rate of **\$25.00 per day**. The third incident of late submission by the same office rises to **\$50.00 per day**. Should a provider office continue to experience incidents of late submission of approval packets after the third offence, a recommendation to DCS upper management will be made to consider the suspension of referrals with regard to the problematic office.

**The length of the overdue period subject to penalty will be date driven. Example: If a resource home is approved on Tuesday April 1, 2008, the packet is due to RHET no later than Tuesday April 15, 2008 (10 working days later). Should the packet be received on April 18, 2008 and this is the first offence, the penalty period will begin on the date the packet was due to RHET (April 15) and end on the date the packet is received (April 18). In this scenario, if the packet was received on Friday April 18, the penalty period would total three (3) days. Multiplied by \$10.00 for each day late, this would represent a \$30.00 total penalty. If this was the third such late episode by the same provider office the penalty recommendation would be would be three (3) days multiplied by \$50.00 for each day late, a \$150.00 total penalty.**

6. RHET will "freeze" the resource home if their review of the required documentation signifies the home is not an eligible home. At this time, the resource home would be considered ineligible for the placement of children. Notification of freeze action will be forwarded electronically to the agency's supervisory staff.
7. RHET will notify the following parties if a home is identified as ineligible: Private Provider, Regional Administrator, CPPP Regional Coordinator, Assistant Director and the Regional Placement Services Division (PSD).
8. The private provider, in conjunction with the Regional PSD, will then transition any and all children placed in the ineligible home based on the guidance derived from the CFTM. If the decision is made to move the child(ren) it is the responsibility of the provider to provide a safe, stable and currently eligible placement **within their own resource home network**. All appropriate Departmental placement requirements must be followed as this transition takes place.
9. If a child(ren) is placed in a **provider-approved home** and that home is later found by RHET review to be ineligible, payment recovery will be assessed (see Section III, Possible Payment Recovery).
10. RHET will maintain all resource home eligibility documentation electronically using a standardized format for identifying each home (resource home name, agency, date, etc.).

#### ***B. Re-Evaluation Process for Resource Homes***

1. The annual Resource Home Re-Evaluation process will be in accordance with DCS Policy 16.8 effective October 1, 2007. Providers will have **10 business days** from the date they re-approved the home in the Web Application to submit the required eligibility documentation to RHET for review and maintenance. Documentation to be provided via e-mail to CPPP or by carrier mail. Payment recovery penalties will be assessed for non-compliance with this provision.

2. The Resource Homes Web Application will alert RHET and the provider agency of each resource home that is due for its annual re-evaluation **45 calendar days** before the date the re-evaluation is due. The eligibility of this home to receive referrals will not change during this time.
3. Background checks identified in DCS Policy 16.8 as being required for the annual resource home re-assessment must not be dated more than **45 calendar days** prior to the resource home's 12<sup>th</sup> month approval anniversary date. Non-compliance with this provision will result in recommendations for payment recovery action.

(Example: If the home is due for annual re-approval on July 13, 2007, the applicable background checks must not be dated prior to May 29, 2007 [45 days prior to the annual re-approval date]. The **45 calendar days** corresponds with the alert period described in Item B.2 above. Background checks that are dated more than 45 days prior to the re-approval due date will not be accepted as support documentation for the resource home's annual re-assessment, and new background checks will be required. In our example the re-approval due date is July 13, 2007, and the new checks are not received by RHET until July 15, 2007 and three custodial children are placed in the home at a daily rate of \$96.00, the payment recovery would be 3 children X 2 days X \$96.00 for a payment recovery recommendation of \$576.00)

4. If the provider fails to approve the home at the one year mark, RHET and the provider will be notified by the system.
5. The private provider, in conjunction with the Regional Placement Support Division (PSD), will then transition any and all children placed in the ineligible home based on the guidance derived from the CFTM. If the decision is made to move the child(ren) it is the responsibility of the provider to provide a safe, stable and currently eligible placement **within their own resource home network**. All appropriate Departmental placement requirements must be followed as this transition takes place.
6. RHET will maintain all resource home eligibility documentation electronically using a standardized format for identifying each home (resource home name, agency, date, etc.).

### ***C. Shared Home Agreements***

Shared Home Agreements are agreements between a DCS region and a Private Provider for a specific child placement for a specific period of time. Re-classification to a shared home status will not require any additional documentation provided to RHET if it was initially a DCS resource home. If the home was initially a Private Provider home and will remain a Private Provider home when the agreement is ended, then re-evaluation documentation must be submitted to RHET after the resource home's re-approval date.

### ***D. Resource Homes Management***

1. Provider Agencies will enter into the Resource Homes Web Application the reason(s) for the termination of homes within their agencies.

2. Provider Agencies will also enter into the Resource Homes Web Application the reason(s) a resource home is requesting a transfer of supervision to another private provider or closure of the resource home.
3. Before a resource home is transferred to new supervising agency, the gaining agency will review the home's most recent application and approval documentation, and meet with the resource parent to ensure the transferring home meets their agency's standards of professionalism.
4. RHET will monitor the termination of homes or transfers to other agencies by a random review of the Web Application System.
5. In the event a resource home is closed, RHET must be notified using the memorandum that is attached as an appendix. Transmission of the memorandum may be by fax (615-532-2263) or by e-mail within two (2) business days of the closure date.

#### ***E. Internal Audit***

1. The Assistant Director for Child Placement and Private Providers (CPPP), who is responsible for oversight of RHET, will also be responsible for periodic internal auditing of the process.
2. On a quarterly basis, a random sample containing a statistically appropriate percentage of all new entries into the RHET database for that month will be reviewed.
3. The review will consist of verification of RHET entry of all provider resource home eligibility documentation from that month's sample in the database.
4. If inconsistencies are found by the Assistant Director, these will be brought to the attention of the original RHET reviewer within 24 hours. The RHET reviewer will then be responsible for the reconciliation of those inconsistencies within ten (10) business days.
5. By the 15<sup>th</sup> of the month following each quarter of a fiscal year, the review for the prior month will be completed and a report submitted to the CPPP Director as well as the Executive Director of Permanency.

#### **Section VI: Required Documentation**

As stated previously, RHET will only be concerned with receiving documentation that addresses Federal IV-E requirements. Providers will remain completely responsible for assuring and maintaining all resource home eligibility requirements set forth in DCS policy and contractually agreed upon as per the Provider Policy Manual. Furthermore, the Department will consider a home designated "Approved" by a provider to be a home meeting all DCS requirements for approval. That home will then be considered eligible for placement.

All resource home electronic files maintained by RHET must include the following documents **for both the initial approval process and for the annual re-evaluation process:**

#### **Studies:**

- Provider Resource Home Checklist (signed and dated). If the agency does not have a checklist they may opt to use the sample checklist attached;
- Home Study (with all required signatures);

- Annual Re-Evaluation and all applicable IV-E related documentation; and,
- Home Study Addendums

**Background Checks:**

- Local court checks (municipal court if applicable, criminal court, and general sessions court.

**Note: Local background checks must include the applicant's last five (5) years of residence. Search must also be conducted taking into account current, maiden and any other previous legal names.**

- Felony Offender Registry Check: [www.tennesseeanytime.org/foil](http://www.tennesseeanytime.org/foil);
- National Sex Offender Registry Check: <http://www.nsopr.gov/>;
- Abuse Registry Check: <http://health.state.tn.us/abuseregistry/index.html>;
- Sex Offender Registry Check: [www.ticic.state.tn.us](http://www.ticic.state.tn.us);
- Meth Offender Registry Check: <http://www.tennesseeanytime.org/methor>;
- TN Kids (CPS Person Search) to include Social Services Management System (SSMS) (Initial Home Study only); and,
- TBI & FBI Fingerprint Checks Results for all household members 18 years of age and older (Initial Home Study only).

**NOTE: The above sites are the official sites that are to be used when conducting background checks.**

**Waivers:**

- Waivers approved by Child Placement & Private Provider (CPPP) Unit on any of the requirements listed.

**Training:**

- PATH Completion Certificate (Families who have been approved in the past two [2] years, were closed in good standing, and can provide documentation of PATH completion [or its equivalent i.e. MAPP, PRIDE etc.] will not routinely have to repeat the PATH training requirement.)
- Child's PATH Participation Certificate (if applicable)

**Appendix:**

- **Recommended Provider Checklist (CS-0690) for new home approval**
- **Recommended Provider Checklist (CS-0685) for annual home re-approval**
- **Recommended Resource Home Mutual Re-assessment Form (CS-0692)**
- **RHET Resource Home Closure Notice Memorandum**

AGENCY LETTERHEAD  
ADDRESS  
PHONE NUMBER

**MEMORANDUM**

TO: Jim Hartsfield or Anna Wiginton, Resource Home Eligibility Team

FROM: *AGENCY'S NAME/RESOURCE HOME PERSONNEL*

DATE:

SUBJECT: Notice of Closing of Resource Home

Dear RHET:

This letter is to inform you the home of *RESOURCE HOME'S NAME/ID#* will be closed effective *DATE*. This home is closing in *BLANK* standing with *AGENCY'S NAME* for the following reasons:

If further clarification on the closing of this home is desired please contact *NAME* at *NUMBER*.

Sincerely,

**Resource Parents Bill of Rights**

The Tennessee General Assembly enacted *The Foster Parents Rights Act* in 1997 as an amendment to *Tennessee Code Annotated, Title 37, Chapter 2; Part 4*.

**A. Tenets**

To the extent not otherwise prohibited by state or federal statute, the department shall, through promulgation of rules in accordance with the Uniform Administrative Procedures Act, compiled in title 4, chapter 5, implement each of the following tenets. With respect to the placement of any foster child with a resource parent, that is contracted directly with the department of children's services, pursuant to this part:

1. The department shall treat the resource parent(s) with dignity, respect, trust, and consideration as a primary provider of foster care and a member of the professional team caring for foster children.
2. The department shall provide the resource parent(s) with a clear explanation and understanding of the role of the department and the role of the members of the child's birth family in a child's foster care.
3. The resource parent(s) shall be permitted to continue their own family values and routines.
4. The resource parent(s) shall be provided training and support for the purpose of improving skills in providing daily care and meeting the special needs of the child in foster care.
5. Prior to the placement of a child in foster care, the department shall inform the resource parent(s) of issues relative to the child that may jeopardize the health and safety of the foster family or alter the manner in which foster care should be administered.
6. The department shall provide a means by which the resource parent(s) can contact the department twenty-four (24) hours a day, seven (7) days a week for the purpose of receiving departmental assistance.
7. The department shall provide the resource parent(s) timely, adequate financial reimbursement for the quality and knowledgeable care of a child in foster care, as specified in the plan; provided, that the amount of such financial reimbursement shall, each year, be subject to and restricted by the level of funding specifically allocated for such purpose by the provisions of the general appropriations act.
8. The department shall provide a clear, written explanation of the plan concerning the placement of a child in the resource parent's home. For emergency placements where time does not allow prior preparation of such explanation, the department shall provide

such explanation as it becomes available. This explanation shall include, but is not limited to, all information regarding the child's contact with such child's birth family and

cultural heritage, if so outlined.

9. Prior to placement of the child, the department shall allow the resource parent(s) to review written information concerning the child and allow the resource parent(s) to assist in determining if such child would be a proper placement for the prospective resource family. For emergency placements where time does not allow prior review of such information, the department shall provide information as it becomes available.
10. The department shall permit the resource parent(s) to refuse placement within their home, or to request, upon reasonable notice to the department, the removal of a child from their home for good reason, without threat of reprisal, unless ☐ otherwise stipulated by contract or policy.
11. The department shall inform the resource parent(s) of scheduled meetings and staffing concerning the foster child, and the resource parent(s) shall be permitted to actively participate in the case planning and decision-making process regarding the child in foster care. This may include individual service planning meetings, foster care reviews, and individual educational planning meetings.
12. The department shall inform a resource parent(s) of decisions made by the courts or the child welfare agency concerning the child.
13. The department shall solicit the input of a resource parent(s) concerning the plan of services for the child; this input shall be considered in the department's ongoing development of the plan.
14. The department shall permit, through written consent, the ability of the resource parent(s) to communicate with professionals who work with the foster child, including any therapists, physicians, and teachers that work directly with the child.
15. The department shall provide all information regarding the child and the child's family background and health history, in a timely manner to the resource parent(s). The resource parent(s) shall receive additional or necessary information, that is relevant to the care of the child, on an ongoing basis; provided that confidential information received by the resource parents shall be maintained as such by the resource parents, except as necessary to promote or protect the health and welfare of the child.
16. The department shall provide timely, written notification of changes in the case plan or termination of the placement and the reasons for the changes or termination of placement to the resource parent(s), except in the instances of immediate response for

child protective services.

17. The department shall notify the resource parent(s), in a complete manner, of all court hearings. This notification may include, but is not limited to, notice of the date and time of the court hearing, the name of the judge or officer hearing the case, the location of the hearing, and the court docket number of the case. Such notification shall be made upon the department's receipt of this information, or at the same time that notification is issued to birth parents. The resource parent(s) shall be permitted to attend such hearings at the discretion of the court.
18. The department shall provide, upon request by the resource parent(s), information regarding the child's progress after a child leaves foster care. Information provided pursuant to this subsection shall only be provided from information already in possession of the department at the time of the request.
19. The department shall provide the resource parent(s) the training for obtaining support and information concerning a better understanding of the rights and responsibilities of the resource parent(s).
20. The department shall consider the resource parent(s) as the possible first choice permanent parents for the child, who after being in the resource parent's home for twelve (12) months, becomes free for adoption or permanent foster care.
21. The department shall consider the former resource family as a placement option when a foster child who was formerly placed with the resource parent(s) is to be re- entered into foster care.
22. The department shall permit the resource parent(s) a period of respite, free from placement of foster children in the family's home with follow-up contacts by the agency occurring a minimum of every two (2) months. The resource parent(s) shall provide reasonable notice, to be determined in the promulgation of rules, to the department for respite.
23. (Effective February 1, 1998) Child abuse/neglect investigations involving the resource parent(s) shall be investigated pursuant to the department's child protective services policy and procedures. A child protective services family services worker from another area shall be assigned investigative responsibility. Removal of a foster child will be conducted pursuant to Tennessee Code Annotated and departmental policy and procedures. The department shall permit an individual selected by the membership of the Tennessee Foster Care Association to be educated concerning the procedures relevant to investigations of alleged abuse and neglect by the department and the rights of the accused resource parent(s). Upon receiving such training, such individual shall be permitted to serve as advocate for the accused resource parent(s). Such advocate shall



- be permitted to be present at all portions of investigations where the accused resource parent(s) are present; and all communication received by such advocate therein shall be strictly confidential. Nothing contained within this item shall be construed to abrogate the provisions of chapter 1 of this title, regarding procedures for investigations of child abuse and neglect and child sexual abuse by the department of children's services and law enforcement agencies.
24. Upon request, the department shall provide the resource parent(s) copies of all information relative to their family and services contained in the personal resource home record.
  25. The department shall advise the resource parent(s) of mediation efforts through publication in departmental policy manuals and the *Resource Parent Handbook*. The resource parent(s) may file for mediation efforts in response to any violations of the preceding tenets.

### **Grievance Procedures**

Agencies must develop a process that mirrors the intent of the grievance procedures outlined below.

1. **Complaints and Mediation**

Any resource parent who determines that the department is in violation of the *Resource Parents Bill of Rights* or otherwise has a complaint should first discuss his/her concerns with the family services worker assigned to the resource home and attempt to work out an agreement. This step may involve showing the resource parent written policy and procedures relative to approval of a resource home or ongoing casework activities. The family services worker must respond to the resource parent's complaint within three (3) working days.

If the family services worker and the resource parent cannot reach an understanding, then the resource parent shall notify the team leader and request assistance from the team leader in mediating the conflict between the family services worker and the resource parent. The team leader must respond to the resource parent's complaint and request for assistance within five (5) working days.

2. **Grievances**

If the family services worker and the team leader cannot make corrections or adjustments, the resource parent shall notify the team coordinator in writing of their concerns and request an appointment with the team coordinator. A scheduled meeting between all parties with the team coordinator must take place within seven (7) working days of the receipt of the resource parent complaint. The results of this meeting shall be documented in writing within two (2) working days of the meeting; responsibility for the documentation is with the family services worker with approval of the team leader. The

team coordinator must then make a recommendation in writing for corrective action (or no action). Copies of the team coordinator's decision must be forwarded to all participants.

3. Appeals

Within seven (7) working days of the grievance hearing, the resource parents may elect to file an appeal with the agency director. Upon receipt of an appeal, the regional administrator reviews all the information and either accepts the recommendation of the team coordinator or, at their discretion, may schedule an additional interview with the resource parent(s), DCS staff, and/or other relevant parties. Copies of the regional administrator's approval or modification of the team coordinator's recommendation must be forwarded to all participants.

## **I. TennCare Services for Children in Custody**

### **A. TennCare Funding for DCS**

The Department of Children's Services receives TennCare funding for two primary services made available through the TennCare/DCS interagency agreement. The services are case management (known as *targeted case management*) and residential treatment services. The per diem funding for contract agency services is provided in whole or in part by TennCare funding depending on the service/level of care. (Effective March 1, 2008, the Center for Medicare and Medicaid Services promulgated regulations covering the provision of targeted case management administered by child welfare agencies. Pending a change or moratorium on those regulations, this service will not be funded by the Bureau of TennCare for the fiscal year beginning July1, 2008.)

### **B. TennCare Services**

The overwhelming majority of children entering DCS care will be eligible for TennCare. Exceptions include illegal aliens (however they may qualify to receive inpatient hospitalization or emergency care) and children assigned to Youth Development Centers operated by the Department of Children's Services.

Children in detention are eligible for TennCare if not assigned to be transferred to a Youth Development Center.

### **C. Covered Services**

Children in DCS care receive all health services from the Managed Care Company (MCC) serving DCS children. Blue Cross/Blue Shield (Volunteer HealthPlan) serves as the managed care company for children in custody. Behavioral Health services are provided by the BHO through subcontract with the MCC. Dental care is provided through contract with Doral Dental of Tennessee. It is noted that DCS provides the behavioral health service of residential treatment services for children in DCS custody. See the attached chart x indicating coverage of BHO services. For a resource regarding TennCare covered services, refer to Medicaid regulations regarding covered **services**.

### **D. TennCare Eligibility /Enrollment for Children in Custody**

1. When children enter DCS custody, an Immediate Eligibility Notification Form is sent to Volunteer Health Plan (formerly known as TennCare Select) and the child is enrolled. This is to facilitate the initial EPSDT TENNderCare appointment as well as emergent medical needs that may be identified.

2. A Primary Care Provider (PCP) is selected by DCS when the enrollment form is sent. Volunteer HealthPlan confirms the PCP assignment or assigns a PCP if a preference was not selected.
3. Volunteer HealthPlan will also verify private insurance information if listed, and verification will be provided when the third party liability unit at Volunteer HealthPlan completes this process.
4. The DCS family services worker completes an IV-E/ Medicaid eligibility application, which is provided to the DCS Child Welfare Benefit Worker who determines eligibility for benefits through the Department of Human Services policies and the ACCENT information system. Immediate eligibility is effective for 45 days only. Volunteer HealthPlan provides 2 TennCare Insurance Cards for the child. The family service worker retains one in the file and provides the other card to the placement.
6. The DCS Child Welfare Benefit Worker is responsible for redetermination of eligibility.

#### **E. Initial EPSDT TENNderCare Appointment**

**(See DCS Policy 20.7 for periodicity schedule and other details.)**

1. **DCS is required to obtain a TENNderCare EPSDT screening within the first 30 days that a child enters care. This EPSDT TENNderCare appointment is made at the local county Health Department where the child resides or is placed. (Children placed in Davidson County are seen at Centennial Pediatrics.)**
2. **By having the Health Department complete the TENNderCare EPSDT screening, the attending nurse may verify that all 7 components of the screening have been completed, as required for the State of Tennessee under a federal court order (*John B. v. Menke*). If the child's Primary Care Provider (PCP) would also like to provide an EPSDT screening due to referrals or to facilitate treatment, the PCP may do this and receive reimbursement from Volunteer HealthPlan for the service.**
3. Contract agency staff are responsible for arranging appointments and working with the DCS family services worker to obtain the following information that must accompany the child to the TENNderCare EPSDT appointment:
  - a. Proof of insurance. TennCare card, 45-day TennCare Immediate Eligibility letter, private insurance card, or *Medical Services Authorization for Certain Non-TennCare Eligible Children* Form CS 0533
  - b. Court custody order
  - c. Immunization record

- d. *Well-being Information and History* Form CS 0543
4. The DCS family services worker, resource parent, or contract agency family services worker must accompany the child to the TENNderCare EPSDT appointment.
5. The Health Department sends a letter to the PCP that details the results of the EPSDT screening. The Health Department also provides a copy of this letter to the DCS Well-Being Unit. The regional Well-Being nurse reviews the letter and notifies the DCS family services worker of the EPSDT results including any needed appointments for referral conditions or follow up recommendations. The Health Advocacy Unit also communicates the EPSDT results and follow-up recommendations to the child's caregiver/placement provider. The SAT (Services and Appeals Tracking) coordinator inputs the information regarding the screening into TNKids/SAT with identified follow up services noted in SAT.

**F. Annual EPSDT TENNderCare Screenings**

Each child in DCS custody must receive an annual TENNderCare EPSDT screen conducted by the local health department in accordance with the American Academy of Pediatrics periodicity schedule. Children under 24 months of age will be seen on a more frequent basis accordingly.

**G. Follow Up EPSDT TENNderCare Services**

DCS tracks all identified services in the SAT (Services and Appeals Tracking) to ensure that follow up services are complete. Contract agencies are responsible for ensuring any follow up care identified by the TENNderCare screening is completed in a timely manner. See below (*Health Services Confirmation and Follow Up* Form) for more information about communication to DCS about follow up services provided to the child.

**H. Mental Health Assessment**

If a child presents with mental health concerns, an appointment for a mental health assessment should be made with a clinician or community mental health center. A mental health concern may be identified in the EPSDT TENNderCare screening or by the CFTM or caregiver. The mental health assessment serves as a more focused EPSDT TENNderCare screening for mental health services, and is an important first step in the determination of mental health service needs. Recommended services should be coordinated with the serving agency.

**I. Health Services Confirmation and Follow Up Form**

1. When a child is taken to receive any type of health service (excluding the

EPSDT medical screening, (including behavioral and dental), the *Health Services Confirmation and Follow Up* form should be given to the clinician with a request that the form be completed or the requested information provided.

2. This completed form or information should be provided to the Regional SAT Coordinator, who will ensure that the information is entered into TNKids/SAT and provided to the DCS family services worker.
3. The form may be used to provide information to contract agencies, foster parents, and DCS about the services received by children in their care.

#### **J. Access and Advocacy**

1. Each DCS Region has a Well-Being Unit composed of the following:
  - a. Health Advocate Representative
  - b. SAT (Services and Appeals Tracking) Coordinator
  - c. Nurse
  - d. Psychologist
  - e. Educational Specialist
  - f. Interdependent Living Specialist
  - g. MSW
2. The Well-Being Units assist family services workers and others serving children in the care of DCS by providing education about EPSDT and health care, and by providing support, intervention, and technical assistance on matters related to TennCare.
3. The Well-Being Units also make referrals to the Centers of Excellence (COEs) for assessments and for guidance in the development of treatment planning.
4. Provider agencies may contact Well-Being Units to coordinate care or for technical assistance.

#### **K. Care Coordination for Children in Custody Receiving Inpatient Psychiatric Services**

1. DCS has implemented a process called Psychiatric Acute Care Coordination (PACC) that coordinates the care received by children in custody at acute care psychiatric facilities. The acute care facilities have been provided toll free phone numbers for daytime as well as evenings and weekends to report to DCS any children in custody admitted to hospitals.
2. The hospitals provide basic information to DCS, and DCS provides basic information and contact information to them. DCS contacts the regional

nurse, psychologist, child placement division, and family services worker regarding the admission. The nurse coordinates approval of medication and the psychologist works with the hospital on discharge planning.

3. Children admitted for psychiatric care are presumed to be returning to their placement. Agencies should coordinate care with the acute facility and DCS, ensure that the child has clothing, and that persons authorized to visit are provided information about visitation. Agencies should coordinate with the DCS family services worker and well-being team as needed.

**L. Coordinating Health Care When a Child Has Private Insurance**

When a child has private insurance, the other insurance benefits must be coordinated with TennCare. TennCare is the “payor of last resort;” other insurance is primary to TennCare. It is best if the child accesses a PCP or other provider that takes both the primary insurance and TennCare Select. If this is not possible, it is necessary to go to the primary carrier’s provider. That provider must bill TennCare for the difference in any payment, equal to what TennCare would have paid.

**M. DCS Covered Services (Permanency and Reasonable Efforts)**

There are services that are not health services, and thus not covered by TennCare, but the services are appropriate to promote permanency and reasonable efforts.

1. The following services can be authorized through regional fiscal team funds for children in, or at risk of, custody:
  - a. Services to promote permanency identified by the CFTM
  - b. Prevention and intervention services
  - c. Services to families that advance reasonable efforts
  - d. Transportation cost for children and families
  - e. Medical and behavioral health services (when the child is not TennCare-eligible or the service is not covered by TennCare)
  - f. Copays for children in custody who have private insurance
2. The following standard prevention/intervention services are available:
  - a. Alcohol and drug testing services
  - b. Child care and sitter services
  - c. Emergency placement
  - d. Emergency purchases
  - e. Family support
  - f. Family violence intervention
  - g. Homemaker services
3. Examples of services to promote permanency include:
  - a. Transportation for a parent to AA or NA meetings

- b. Babysitting fees for a foster parent
  - c. Homemaker services for a parent with challenging children
- 4. Examples of standard services to promote permanency include:
  - a. Independent living services
  - b. Adoption support services
  - c. Child care and sitter services
  - d. Emergency purchases
  - e. Family support

*See service definitions at the end of this document.*
- 5. There is not a comprehensive list of the above services because there are no exact answers regarding coverage for a particular family or child in a specific effort toward reunification, or permanency, well-being or safety. Rather, clinical judgment should be part of the process in providing services to children and families. For instance, the following kinds of questions should be asked in the process of making an appropriate decision making regarding services:
  - a. Can providing the service prevent custody?
  - b. Does provision of the service support reasonable efforts by the department to meet the needs of the child or family?
  - c. What will it take to bring about permanency in this situation?
- 6. Services should be discussed at the child and family team meeting. The DCS family services worker will pursue recommendations for services with the DCS regional fiscal team.
- 7. When there are clinical decisions, response to questions about DCS reimbursement will be made through regional leadership, including the regional administrator, clinical supports, and the fiscal team.

## **II. Child and Family Team Meetings: Permanency Planning**

### **Decision of Level II/III/IV Services**

#### **Notice Provisions**

#### **A. Child and Family Team Meetings**

- 1. As set forth DCS policy, child and family team meetings are the primary decision-making and case-planning tool used by all case management staff.
- 2. Child and family team meetings are held for the purposes of developing the permanency plan. (See DCS Policy 31.7) Within fifteen (15) working days of the child's entry into state custody, a CFTM shall be held for the purposes of developing the permanency plan. The permanency planning CFTM should build upon the work done in the initial CFTM with the family.



**B. Placement Decisions**

1. Child and family team meetings (CFTM) are held to determine service needs for children in DCS custody, including placement. The placement may be residential care that is a DCS-administered TennCare covered service.
2. Residential services that are DCS-administered TennCare services are Level II/III/IV residential or continuum services, as follows:
  - a. Medically Fragile Foster Care
  - b. Therapeutic Foster Care
  - c. Level II
  - d. Level II Continuum
  - e. Level II Special Needs
  - f. Level II Special Population
  - g. Level III
  - h. Level III Continuum
  - i. Level III Continuum Special Needs
  - j. Level IV
  - k. Level IV Special Needs

**C. CFTM Attendance for Placement Decisions**

When a placement decision will be discussed, the following persons must be invited to attend the CFTM:

- a. Child if 12 or older
- b. Biological parent (s) *if no TPR*
- c. Guardian
- d. Skilled and trained facilitator
- e. Resource parent
- f. Child's attorney or guardian ad litem (GAL)
- g. Residential service provider.

**Note:** Any member of the child and family team may initiate a CFTM to address an issue or concern that has arisen. The purpose of the CFTM is to pull together only those members of the team necessary to address the concern(s). (Policy 31.7) The child and/or family should be encouraged to bring an advocate or internal supports.

**D. Notice of Action Regarding TennCare Services**

1. A Notice of Action (NOA) setting forth the determination regarding placement must be provided to each of the persons indicated above where a placement determination is discussed.

2. The facilitator of the CFTM shall provide to all participants of the CFTM a copy of the template *Notice of Action* (NOA), with the *TennCare Appeal* form attachment, at any CFTM when placement services are discussed.
3. The facilitator must inform the participants that they have the right to appeal a determination made about a residential service. The facilitator must inform the participants that a completed Notice of Action (NOA) specific to the determination made in the CFTM will be provided to them after the meeting. The facilitator should make sure that addresses of all participants are obtained and provided to family services workers for entry into TNKids to ensure that the notice of action can be sent following the CFTM.

**E. Entry of Placement Determination in TNKids**

Following the CFTM, the family services worker must complete the Review/CFTM in TNKids within two (2) business days. If the system detects that the LOC value recorded on this review meets the criteria for a Notice of Notion (NOA), the system will generate one. The family services worker will receive an NOA to complete.

**F. Notice of Action to Participants**

After completion and printing of the NOA, the NOA must be mailed to the participants/recipients on the NOA.

**G. Notice of Action to TennCare Consumer Advocates**

1. Special Grier provisions require that notices be provided to TennCare Consumer Advocates to review and determine whether appeals should be filed on behalf of children to ensure the timely receipt of TennCare services.
2. Following the CFTM, a copy of the child's permanency plan and a notice of action will be provided to the advocacy contractor within two (2) days of the staffing.

**H. Appointments and Services**

1. Following the CFTM, appointments for identified services must be made in a timely manner. The family services worker ensures that appointments for the identified TennCare services are made within two weeks of the CFTM meeting. The family services worker **or** the provider agency notifies the SAT when appointments are arranged.
2. The contract agency, family services worker, or foster parent provides the *Health Services Confirmation and Follow Up* form to the provider rendering the TennCare MCO or BHO service to report services provided and whether follow up services are indicated.
3. The completed *Health Services Confirmation and Follow Up* form needs to

be provided to the SAT Coordinator.

**I. Additional CFTMs**

If, following a CFTM, additional services are requested or concerns are identified regarding the child's level of service, the DCS family services worker will arrange for a subsequent staffing to be held within ten (10) working days.

**J. Urgently Needed Services**

If an individual requests a service on behalf of a DCS child that requires a prompt response in light of the child's condition and urgency of need, as defined by a prudent layperson, and, under the circumstances, there is not sufficient time to hold a staffing, then the child's caseworker shall promptly respond to the individual's request without holding a staffing. If DCS denies the requested service then a *Notice of Action* shall be mailed to the child/youth (age 14 or older), parent, guardian, foster parent, child's attorney or guardian ad litem (GAL), the Advocacy Contractor, provider, and other advocate within two (2) days of responding to the individual's request.

**Note:** *This is not intended to replace or affect provider manual policy requirements regarding disruption staffings for DCS contracted providers.*

**III. Deauthorization of TennCare Funded Services**

In the event that a CFTM is not held and the resource management unit deauthorizes a DCS-administered TennCare service, a *Notice of Action* setting forth the following must be sent a minimum of ten (10) days prior to the action: the date the service will be reduced or discontinued (e.g., suspended, terminated), the type and number of services at issue, and a statement of reasons for the proposed action.

**A. Discontinuation of TennCare Services**

In the event that a CFTM is not held and DCS otherwise denies or discontinues a DCS-administered TennCare service, a *Notice of Action* setting forth the nature of the adverse action, the type and number of services at issue, and a statement of reasons for the proposed action must be provided to those individuals listed in Item 2 a minimum of ten (10) days prior to the action.

**B. Continuum Provider Notice Provisions**

When continuum providers reduce, delay, or suspend services to children/youth who are transitioning to home, who have been at home, or who are otherwise no longer in custody, a *Notice of Action* and *TennCare Medical Care Appeal* form shall be mailed by the continuum provider to the DCS family services worker, the involved adult, and the advocacy contractor. Continuum providers shall mail a *Notice of*

Action and *TennCare Medical Care Appeal* form to the child/youth's physical guardian a minimum of ten (10) days prior to discontinuing services to a child/youth who is no longer in physical custody.

### C. Right to Appeal

Those receiving a *Notice of Action* may appeal the action by filing a *TennCare Medical Care Appeal* form, which will be sent to the TennCare Solutions Team. Appeals must be made to the TennCare Solutions unit within thirty (30) days of the notice to deny, delay, reduce, suspend, or discontinue services.

### D. Special Provisions for Continuum Contractors

1. Continuum providers shall mail monthly treatment reports within five (5) days of completion, with a *Notice of Action* and *TennCare Medical Care Appeal* Form, to the DCS family services worker, an involved adult, and the advocacy contractor.
2. Continuum providers shall mail or fax *Type A Incident Reports*, within forty-eight (48) hours of the incident, with a *Notice of Action* and *TennCare Medical Care Appeal* form, to the DCS family services worker, an involved adult, and the advocacy contractor.

*(This policy does not otherwise alter DCS policy regarding disruption staffings.)*

### E. Appeal Rights

A TennCare enrollee may appeal any adverse action, generally indicated as the denial, delay, reduction, suspension, or discontinuation of a service. The Notice of Rights provided by DCS for the DCS TennCare administered services (Level II/III/IV) gives the enrollee (the child) notification of this right. The TennCare consumer advocacy contractor may also appeal on behalf of a child.

### F. Appeals Process Overview

1. When an appeal is made, the appeal is processed by the Bureau of TennCare, TennCare Solutions. An appeal is processed as a standard appeal unless the enrollee files the appeal as urgent (or expedited).
2. For all appeals, TennCare Solutions notifies the MCC (managed care company) that an appeal was received on a service provided by the MCC, and informs the MCC that a response is due in 14 days for a standard appeal, and 5 days in the event of an expedited appeal.
3. For medical, dental, and behavioral health services, the responsible MCC is responding to whether they agree that the service should be provided. Generally there has been a denial or delay by the MCC prior to the appeal

and the MCC provides a reconsideration response either upholding its original decision or changing its original decision and providing the service.

4. For DCS administered TennCare services, the reconsideration response is generally regarding services that DCS has already determined the enrollee needs. DCS provides two (2) TennCare funded services: residential services (levels 2/3/4) and targeted case management services. Targeted case management includes making appointments to arrange for services, arranging transportation, and making appointments or other arrangements to see that follow up or recommended services are provided to the child. Effective March 1, 2008, the Center for Medicare and Medicaid Services promulgated regulations non covering the provision of targeted case management administered by child welfare agencies. Pending a change or moratorium on those regulations, this service will not be funded by the Bureau of TennCare for the fiscal year beginning July1, 2008.

#### **G. DCS Reconsideration**

1. For appeals regarding DCS services, the TennCare Solutions division sends the Request for Reconsideration to the DCS regional health advocacy representative or other person designated to respond on behalf of the regional administrator.
2. The reconsideration response should contain specific information regarding whether the residential services have/have not been received. If the residential service has been arranged, proof of this on letterhead from the DCS contract agency or other entity should be provided. If the appeal is in regard to other services arranged by DCS through targeted case management, information on the appointment/arrangements should be provided. If the service requested to be arranged has not been prescribed by a health or mental health professional, an appointment with a mental health clinician or a primary care provider should be made to facilitate a determination of services needed and to be prescribed.
3. Upon completion of the reconsideration response, the health advocacy representative or other designee should provide copies to the regional administrator, team leader, and family services worker. The health advocacy representative or other designee should obtain technical assistance from Central Office Health Advocacy as needed in responding to appeals.
4. When appeals are in regard to Level II/III/IV residential services, the health advocate representative should notify regional resource management, who should obtain technical assistance from Central office Child Placement as needed in making arrangements and in responding to appeals.
5. The TennCare Solutions team shall review the decision of the health advocacy representative or other designee for the regional administrator.

The TennCare Solutions unit will review the information and do one of the following:

- a. Issue an informal resolution, closing the case. In this instance, the service has been provided and there is not an outstanding service.
- b. Issue a directive that a service, or confirmation of a service, be provided. Directives are issued to the Commissioner of the Department of Children's Services.
- c. Issue a notice that the service is not to be provided. In this instance, the appeal is forwarded to the Office of General Counsel for the Bureau of TennCare, as the enrollee is entitled to a hearing on the matter of whether the service should be provided.

#### **H. Legal Counsel for Children in Care**

1. DCS maintains a contract for the provision of legal services related to TennCare appeals for custodial children. Legal services are provided related to the resolution or preparation of a hearing resulting from a TennCare Appeal. DCS must refer the following to the legal contractor within 48 hours of the appeal notice:
  - a. All expedited appeals
  - b. All appeals forwarded to the Office of General Counsel for the Bureau of TennCare for hearing.
2. The legal contractor may request any additional assessment information as needed to provide legal representation and to otherwise safeguard the rights of the child/youth. DCS employees and DCS provider agencies shall reasonably cooperate with the legal contractor in providing records and testimony as needed.

#### **I. Continuation of Services During Appeals**

1. If an appeal regarding a change in a child's/youth's level of care is made within ten (10) days of the staffing, the change in services shall not be implemented until the appeal is resolved unless, in the opinion of the DCS consulting medical director, delaying the change in level of service is medically contraindicated.
2. If at any staffing a higher level of service is determined to be needed and an appeal is received requesting a lower level of service, the service of the higher level will be implemented and provided until the appeal is resolved.
3. If an appeal is received from a DCS contracted provider requesting a continuation of stay for residential care, and all other interested parties have determined that the child should go to a different level of care or have the services discontinued, DCS will have its consulting medical director review

the case. If the consulting medical director certifies the child's treatment needs will not be jeopardized, the proposed transfer may continue and DCS will authorize an attorney to represent the child at the administrative hearing. Services will be reinstated if determined to be medically necessary and in the best interest of the child.

*Note: Nothing in this paragraph supersedes the child's right to refuse services.*

#### **IV. Advocacy for TennCare Health Services**

##### **A. Filing Appeals for Children in Custody**

1. TennCare provides all medically necessary services for children. These services are administered through the Managed Care companies, and included medical, behavioral, pharmacy, and dental services.
2. DCS family services workers and staff may obtain specific information about accessing services through TennCare on the DCS intranet under the TennCare section of Frequently Asked Questions (FAQ). DCS family services workers and staff may receive technical assistance from the Well-Being Units, based in each region. Contact information for well-being units is also found at the FAQ intranet TennCare site.
3. When a TennCare managed care company denies, reduces, suspends, terminates, or discontinues a TennCare service, a written notice should be provided. For children in DCS custody, these TennCare notices of adverse action should be sent to the Central Office Health Advocacy division. However, they may be mailed to the DCS family services worker (the child's address on the TennCare enrollment file).
4. If the DCS family services worker does receive a written notice of adverse action, the DCS family services worker must immediately provide a copy to the regional health advocate representative, in the health advocacy unit. The health advocacy representative will file an appeal with the TennCare Solutions unit at the Bureau of TennCare.
5. When a DCS family services worker or other DCS staff encounters any barriers accessing a TennCare service for a child, they should contact the health advocacy unit. An appeal will be filed with the TennCare Solutions unit at the Bureau of TennCare when any prescribed service is denied, delayed, reduced suspended or discontinued.
6. DCS provider agencies should notify the DCS family services worker, or in the alternative the health advocacy unit, should they receive any notice of adverse action, or encounter barriers accessing a TennCare service for a child.

##### **B. Retaliatory Actions Prohibited**

Individuals involved with children/youth in care are encouraged to exercise their right to appeal. DCS employees are strictly prohibited, under any circumstances, from taking any action or threatening to take any action whatsoever against an individual based upon that individual's filing of an appeal.

**C. Non-TennCare Permanency Issues**

The family services worker shall resolve permanency plan issues that do not pertain to DCS-administered TennCare services. If the family services worker cannot resolve these issues, the family services worker's supervisor may become involved. If these issues cannot be resolved by discussions with the family services worker or supervisor, they may be brought to the attention of the foster care review board or before the court.



- **Pre-service Training Requirements** (Must be completed before child placement.)  
DCS Policy 16.4 Resource Home Approval

Standard Resource	30 hours of PATH +4 hours Med Ad +4 hours CPR+4 hours First Aid = 42 hours
Medically Fragile	All of the above for Standard Resource + 15 hours of specialized training for medically fragile
Therapeutic	All of the above for Standard Resource + 15 hours of specialized training using a Therapeutic Curriculum
Juvenile Justice	All of the above for Standard Resource + 9 hours of specialized juvenile justice training

- **First Year Training Requirement** (15 hours) must be completed within first year after approval date. All resource home parents must complete the 15 hours of core training on topics as listed in DCS Policy 16.8, Responsibilities of Approved Resource Homes.

- **In-service Training Requirements** (After the first year, hours must be completed every year by anniversary of approval date.) DCS Policy 16.8 Responsibilities of Resource Parents

Standard Resource	15 hours
Medically Fragile	15 hours
Therapeutic	15 hours
Juvenile Justice	15 hours

# LICENSURE MATRIX

## Attachment 8

The following is a list of residential program settings licensed to serve children and youth within the State of Tennessee. This list is simply a guideline provided to assist you in determining the correct license type for your program. Please note it is the responsibility of each vendor to coordinate with the appropriate licensing entity to ensure proper licensing is obtained for each program site; including sub-contracted sites. Verification of appropriate licensing must be submitted prior to contract.

Please contact the following offices with any questions regarding licensing requirements:

DCS Division of Licensing	Mark Anderson, Director	(615) 532-5640
MHDD Office of Licensure	Amber Gallina, Director	(615) 532-6590
DCS Education Division	Mary Meador	(615) 741-9211

Setting	Type of License/Link to Standards	Licensing Agency	Education
Residential Program serving 1-6 children (Non-Mental Health)	<b>Family Boarding Home</b> <a href="http://www.state.tn.us/sos/rules/0250/0250-04/0250-04-02.pdf">http://www.state.tn.us/sos/rules/0250/0250-04/0250-04-02.pdf</a>	DCS	Public School
Residential Program serving 7-12 children (Non-Mental Health)	<b>Group Care Home</b> <a href="http://www.state.tn.us/sos/rules/0250/0250-04/0250-04-02.pdf">http://www.state.tn.us/sos/rules/0250/0250-04/0250-04-02.pdf</a>	DCS	Public School and access to approved in-house school site* that will not necessitate a placement move.
Residential Program utilizing individual resource homes and/or any combination of Group Care Homes and Family Boarding Homes	<b>Child Placing Agency</b> <a href="http://www.state.tn.us/sos/rules/0250/0250-04/0250-04-09.pdf">http://www.state.tn.us/sos/rules/0250/0250-04/0250-04-09.pdf</a>	DCS	Public School and access to approved in-house school site* that will not necessitate a placement move.
Residential Program serving 13 or more children (Non-Mental Health). Applies also to smaller programs on contiguous properties where total combined population exceeds 12	<b>Residential Child Care Agency</b> <a href="http://www.state.tn.us/sos/rules/0250/0250-04/0250-04-05.pdf">http://www.state.tn.us/sos/rules/0250/0250-04/0250-04-05.pdf</a>	DCS	Public School and access to approved in-house school site* that will not necessitate a placement move.
Any residential program serving more than 1 pregnant youth (may be a supplemental license)	<b>Maternity Home</b> <a href="http://www.state.tn.us/sos/rules/0250/0250-04/0250-04-07.pdf">http://www.state.tn.us/sos/rules/0250/0250-04/0250-04-07.pdf</a>	DCS	Public School
Juvenile Detention Center	<b>Juvenile Detention Center</b> <a href="http://www.state.tn.us/sos/rules/1400/1400-03.pdf">http://www.state.tn.us/sos/rules/1400/1400-03.pdf</a>	DCS	Program must provide education benefit. Must notify local school system of special education students.
Mental Health Residential Treatment Program (Non-Hospital Setting)	<b>Residential Treatment Facility</b> <a href="http://www.state.tn.us/sos/rules/0940/0940-05/0940-05-37.pdf">http://www.state.tn.us/sos/rules/0940/0940-05/0940-05-37.pdf</a>	MHDD	Approved in-house school site*.
Mental Health Residential Treatment Program (Hospital Classification)	<b>Mental Health Hospital Facility</b> <a href="http://www.state.tn.us/sos/rules/0940/0940-05/0940-05-16.pdf">http://www.state.tn.us/sos/rules/0940/0940-05/0940-05-16.pdf</a>	MHDD	Approved in-house school site*.
Alcohol and Drug Treatment Facility	<b>Residential Rehabilitation Treatment Facility</b> <a href="http://www.state.tn.us/sos/rules/0940/0940-05/0940-05-45.pdf">http://www.state.tn.us/sos/rules/0940/0940-05/0940-05-45.pdf</a>	MHDD	Approved in-house school site*.
Residential Program serving MR students in a community setting	<b>Mental Retardation Residential Habilitation Facility</b> <a href="http://www.state.tn.us/sos/rules/0940/0940-05/0940-05-24.pdf">http://www.state.tn.us/sos/rules/0940/0940-05/0940-05-24.pdf</a>	MHDD	Approved in-house school site*.

\***Approved in-house school site** is a non-public school approved by Tennessee Department of Education as a Category 1, 2, 3, or 7 that is also recognized the DCS Education Division.

# EDUCATIONAL STANDARDS FOR DCS PROVIDERS

## Attachment 9

**DCS Policy 21.14 Serving the Educational Needs of the Child/Youth** [Click here.](http://www.tn.gov/youth/dcsguide/policies/chap21/21.14.pdf)  
<http://www.tn.gov/youth/dcsguide/policies/chap21/21.14.pdf>

**DCS Policy 21.16 Rights of Foster Child with Disabilities and IDEA** [Click here.](http://www.tn.gov/youth/dcsguide/policies/chap21/21.16.pdf)  
<http://www.tn.gov/youth/dcsguide/policies/chap21/21.16.pdf>

**DCS Policy 21.18 Notification to School Principals of Certain Delinquency Adjudications** [Click here.](http://www.tn.gov/youth/dcsguide/policies/chap21/21.18.pdf)  
<http://www.tn.gov/youth/dcsguide/policies/chap21/21.18.pdf>

**DCS Policy 21:20 Non-traditional Educational Settings** [Click here.](http://www.tn.gov/youth/dcsguide/policies/chap21/21.20.pdf)  
<http://www.tn.gov/youth/dcsguide/policies/chap21/21.20.pdf>

### Standards 6- 400 through 6- 409

#### 1. Needs Assessment

**The provider will ensure that the educational needs of students are thoroughly assessed.**

**Commentary.** The provider will obtain and review previous educational records for each student. Children who require special educational services must be identified, and the agency must ensure that those services are provided. For agencies with in-house schools:

- a. Upon enrollment, an academic assessment shall be administered that measures (at a minimum) math, reading, and written expression skills if current (within one-year) testing is not available.
- b. A vocational assessment shall be administered to any student at least 14 years of age who has not been previously assessed.

#### 2. Enrollment in Local Schools Systems

**The provider will ensure that children and youth will be enrolled in the local school system rather than an in-house school as defined in departmental policy (DCS Policy 21.14).**

**Commentary.** There is a presumption that children in state custody should be educated in the public schools whenever possible. Children and youth who have an identified and documented treatment need that prohibits placement in public school may attend an in-house educational program in a contracted treatment center for a short period of time. Regular reviews of the students' progress should be conducted so that they may return to public school at the appropriate time.

- a. Agency Case Management/Agency School Liaisons' Responsibilities
  1. Agencies with group homes or residential treatment centers shall appoint local staff member to act as "school liaison." The agency school liaison will work to develop a collaborative relationship with the public school system to assist children/youth in maintaining positive and successful school experiences. The school liaison must be available during the school day to respond to public school inquiries.
  2. Upon being assigned to the child/youth's case, the agency case manager (foster care) or agency school liaison (group homes or residential treatment centers) in coordination with the DCS FSW will contact the receiving public school system to determine what educational records are necessary to enroll the child and then immediately begin the enrollment process. The DCS home county family services worker will provide the Education Passport to the agency case

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manager/school liaison. The agency shall forward any school records received from public or private school, home school, or that the agency generates within their in-house school to the FSW. Providers are to maintain a copy of the passport in the agency files and ensure that the resource parent also has a copy of the Educational Passport.

3. The agency case manager/school liaison in coordination with the DCS FSW shall prepare a form letter (see DCS form School Enrollment Letter as a guide) to the public school identifying the resource parents and providing basic information about the child/youth to the school. A copy of the form letter will be given to the resource parents if applicable, along with copies of the child/youth's Education Passport.
4. The agency case manager/school liaison in conjunction with the DCS FSW shall ensure that the child/youth is registered in school and the resource parents have all the necessary information and documentation to facilitate the registration process (the Education Passport).
5. The agency case manager/school liaison or resource parents may enroll the child/youth in public school, whichever is decided to be in the child's best interest and will address the child's educational needs. The agency case manager/school liaison will coordinate with the DCS FSW and will confirm that school enrollment has taken place and will monitor and provide ongoing liaison services with the school. The resource parents will be considered as the primary contacts on a day-to-day basis. The agency case manager/school liaison in conjunction with the DCS FSW will have the ultimate responsibility for the child/youth's educational needs.
6. If the child/youth is determined to have special education needs and/or significant discipline problems, the agency case manager/school liaison in coordination with the DCS FSW will immediately notify the DCS regional education specialist to inform him/her of those needs.
7. If the child/youth appears unlikely or has proven unable to function in public school, the agency case manager/school liaison will coordinate with the DCS FSW and shall immediately notify the regional DCS education specialist. The DCS education specialist will work jointly with the agency case manager parents, resource parents, surrogate parents, and others as necessary to determine educational support and recommendations.
8. Education goals must be included in the agency's plan for the child/youth. Goals must be written to ensure that the child/youth receives educational benefits while in the care of the agency.
9. The agency case manager/school liaison will coordinate with the ESW and ensure that a DCS representative is in attendance at all IEP meetings. The DCS education specialist and/or DCS education attorney may be included as appropriate and necessary. The resource parents will attend IEP meetings, if possible. The DCS education attorney will assist with disciplinary issues and negotiations with the local school system regarding the obligations of the school system. The Well-Being Unit staff may be able to identify additional resources.
10. If a child/youth faces serious disciplinary action, the agency case manager/school liaison must contact the DCS regional education specialist or DCS education attorney for assistance.
11. The agency will use clinical experts and other student support services to work with students, school personnel, and other members of the school community to enable a child's success in school.

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12. When the agency is notified that a child/youth is having behavioral problems at home and/or school significant enough to cause a future disruption of the child/youth's placement, the case manager must contact the DCS Well-Being Unit immediately requesting assistance in obtaining in-home wraparound services for the child/youth and resource family.
13. The agency maintains an education file separate from the clinical treatment file. This file must contain regular case manager communication with the resource parent and school social worker/counselor/staff, as appropriate, and document in the child's file the child's educational progress.
14. The child/youth remains in his/her former school, if possible.

### 3. Suspension/Expulsion from Public School

When a child in DCS custody is suspended for ten (10) or more days, the regional DCS education specialist should be consulted for assistance. DCS is committed to ensure all custodial children receive educational services and continue with their pre-custodial educational goals. It is the responsibility of all involved parties to support each child's school placement and educational plan.

- a. In the rare instance that a child/youth has been excluded from public school and cannot be readmitted in another public school setting (such as in zero-tolerance instances), a CFTM shall be convened within but no later than five (5) calendar days and **must** include the regional DCS education specialist. At this meeting, alternative education arrangements shall be developed for the child. This will include delegation of case management tasks and a fiscal plan to ensure payment for all educational services.
- b. If the child receives special education services or Section 504 accommodations and is suspended for 10 or more days, notify and involve the regional DCS education specialist.
- c. If the child/youth is moved to another placement location without the convening and/or the consensus of the CFTM, DCS shall not reimburse the provider for the costs of the educational arrangement (if applicable) until a CFTM is held and consensus is achieved.
- d. The agency will document all contacts to the FSW to request a CFTM. Documentation will be copies of faxed or emailed requests.

### 4. Provider Agency and DCS In-house Schools

**DCS Policy 21.20 Non-traditional Educational Settings** [Click here.](#)

<http://www.tn.gov/youth/dcsguide/policies/chap21/21.20.pdf>

#### a. Determination of placement

The child/youth's treatment plan must document treatment needs that would interfere with public school attendance. The following reasons are some examples of why a child/youth would be unable to attend public school and consequently need to be served in an in-house school:

1. current identified alcohol and drug treatment issues that require a self-contained treatment program;
2. identified sexual offending treatment issues that require a self-contained program;
3. zero-tolerance issues that prohibit enrollment despite involvement and efforts of the educational specialist and/or the DCS attorney;

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4. placement in wilderness programs in which the treatment regime is so integrally related to the educational program that attendance at public school would disrupt treatment;
  5. a crisis requiring intensive supervision due to community or child-safety treatment needs, or a crisis such that the child is at imminent risk of disruption of placement; or
  6. public school placement would cause the youth to lose academic credits (such determination will be made through a CFTM and will include a best interest of the child analysis).
- b. Procedures for in-house school attendance
1. If the child/youth requires an in-house educational program, the child/youth may be in that educational setting up to thirty (30) total days.
  2. Prior to the end of the thirty (30) day limit, the agency where the child is attending school must contact the child's educational specialist to convene a staffing. The staffing may include the DCS family services worker, agency representative(s), the resource parents, any individual with educational rights, a DCS attorney, a Well-Being Unit staff member, and other professionals as necessary and appropriate. In-house school staff must invite a representative from the local education agency. A target date for into public school will be established. The DCS staffing team will have the responsibility for reviewing the child's progress in order to enroll the child in public school at the earliest possible date.
  3. During the staffing, a consensus should be reached regarding the educational services that would best meet the needs of the child/youth and his/her treatment plan. If the consensus indicates that the child/youth should continue to receive services at an in-house school or other alternative to public school, the treatment team will establish the specific treatment issues that require the child/youth to be in the in-house school and provide a review and target date for completion of the treatment and projected date for transition to public school. The reasons for such placement and the goals of such educational services must be included in the documentation along with an expected duration or time frame.
  4. If no consensus regarding the most appropriate educational setting is reached during the staffing, the FSW and the education specialist will, within three (3) days of the meeting, present the case directly to the regional administrator for a decision. NOTE: When a child is being considered for placement in public school, the CFTM should determine if the child has any of the adjudications listed in DCS Policy 21.18 that would require a notification to the public school. The CFTM should consult the regional education specialist before placing any student with these adjudications in public school.
5. **Alternative Education Placements**
- a. The following categories of youths may be eligible for approval of an exception to public school attendance so that they can be enrolled in alternative education programs:
    1. youth aged 17 and up who are eligible and for whom it is appropriate to take the GED;
    2. youth eligible for and desiring enrollment in vocational or journeyman training; and
    3. youth who have graduated from high school or achieved a GED.
  - b. Home schooling may be another alternative. Generally, home schooling of children/youth in



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state custody is appropriate only under certain situations and may occur only with the permission of the DCS Director of Education. FSWs shall notify the regional Educational Specialist when home schooling is being considered by a Child and Family Team.

1. a CFTM has determined that it is in the best interest of the child (there is no requirement for the provision of special education services in home schools);
2. educational progress is monitored and documented as defined by a CFTM (an exception to required documentation would be during trial home visits); or
3. the FSW notifies and involves the regional educational specialist.

### **6. Education Plan for Children Placed Temporarily**

Determining the education setting for the child/youth in temporary, emergency type placements (DCS and agency foster homes):

- a. If the child/youth is in a temporary, emergency type of placement, it is the department's expectation that the child/youth remain in his/her former school if doing so is in the child's best interest. The local school system is obligated to provide transportation for children falling within the McKinney-Vento Homeless Education Act of 2001. The DCS family services worker, in consultation with any involved agency family services worker, will:
  1. advocate for enrollment, transportation (if needed), and other services under McKinney-Vento for those DCS children who are McKinney-Vento eligible;
  2. utilize the public school system's McKinney-Vento liaison;
  3. seek help from the regional education specialist or DCS attorney if needed;
  4. collaborate with school systems and contract providers regarding transportation to ease the burden on the involved school system(s) where feasible; and
  5. in the event of a dispute with the school, request that the resource parent transport the child back and forth to school until his/her placement is made in a more permanent setting. (If the resource parent is unable for legitimate reasons to transport the student, DCS will provide an alternative.)

### **7. Emergency Shelters/Primary Treatment Centers (PTC)**

- a. If a child/youth is placed in an emergency shelter or a PTC, attempts should be made to keep him/her in his/her former school if doing so is in the child's best interest. The CFTM will determine the child's best interest regarding school placement location.
- b. If a child/youth is placed in an emergency shelter and is not able to attend public school, this time period (30 days for a shelter) must be used as an educational assessment period by the agency. The agency's staff in conjunction with the school liaison will develop an education plan to allow the child/youth to complete remedial or ongoing schoolwork during the remainder of his/her stay.
- c. At the end of the placement in the emergency shelter, agency staff and DCS education staff will provide to the DCS family services worker any recommendations for future evaluations and educational programs.

### **8. In-house School Enrollment**

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**When circumstances require student enrollment in an in-house school, the provider will ensure that the educational program is substantially similar to that provided to other students in the school district.**

**Commentary.** Students in contracted in-house schools must be able to continue to make progress toward graduation with a GED, a regular diploma, a diploma of specialized education, or a high school certificate. In order to do so, the contracted in-house school must provide an educational program that is approved by the Tennessee State Department of Education (DOE) and is recognized by DCS to offer educational services to students in its custody. Each year agencies providing in-house schools will complete an In-House School Proposal. This proposal will document the school's compliance with specified educational standards. These standards include, but are not limited to, the following:

- a. All in-house schools will be approved by the Tennessee State Department of Education (DOE) as Category I, II, or III, VII.
- b. All teachers will be qualified according to state requirements, and at least one full-time special educator shall be among the teaching staff.
- c. Direct service providers in the on-grounds school will have
  - (a) educational and experiential backgrounds that enable them to participate in the overall treatment program and to meet the emotional and developmental needs of the children served; and
  - (b) personal characteristics and temperament suitable for working with children with special needs.
- d. Educational personnel will facilitate school transfers and provide consultation as needed to professionals in off-campus educational settings.
- e. Educational plans will be developed for each student and will be coordinated in a manner that maximizes the impact on his/her educational and treatment goals.
- f. The agency will identify a public school liaison and a process for interaction with the public schools focusing on the development of good relationships and effective communication with the local school system.
- g. Educational texts and curriculum materials shall be current, state approved, and rotated at regular intervals.
- h. The organization will provide students with an educational program designed to lead to a Tennessee high school diploma or General Equivalency Diploma (GED).
- i. The organization will provide or arrange as necessary tutoring, mentoring, and college preparation.
- j. The school will provide
  - (a) a 6.5-hour school day as required by the Tennessee State Department of Education, and
  - (b) a school schedule that will allow a high school student to earn at least five (5) credits during a given school year.
- k. Teachers in the on-grounds school will receive a minimum of thirty (30) hours per year of



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approved in-service activities as required by the Tennessee Department of Education.

- l. Teachers in the on-grounds school will be evaluated using the Framework for Evaluation and Professional Growth as required by the Tennessee State Department of Education in order for teachers to maintain licensure.
- m. Students will be provided access to computers and library/research materials comparable to those provided to students in public schools.
- n. The on-grounds school will provide a summer school program that includes an academic component.
- o. The agency and on-grounds school will provide special education and related services for individual students as required by the Individuals with Disabilities Education Act (IDEA) and the state of Tennessee. For example, the facility and programs will be accessible to students with disabilities; students will be screened upon entry at the agency to determine if they are eligible for special education services; psycho-educational evaluations will be conducted within legal timelines; instructional and related services will be provided to eligible students by appropriately licensed special educators; child-find procedures will be implemented; and trained surrogate parents will be assigned when necessary.
- p. Documentation as to compliance with Standards 6-401 and 6-404 will be provided in the in-house school proposal. Throughout the year, regional educational specialists will conduct monitoring visits at the in-house schools and will file reports with the DCS Education Division. If noncompliance with any of these standards is indicated, the provider will be requested to take immediate steps to correct the deficiency. Failure to address the deficiency may result in an in-house school not being allowed to educate DCS students.

### 9. Parental Involvement in Educational Planning

**The provider will ensure that parents/guardians are involved in the educational planning and educational activities of students.**

**Commentary.** Unless the court has terminated parental rights, a student's parents are to be involved in the planning of the child's education program. This is a "best practice" since reunification is often the goal for students in custody. In addition, both federal and state law require parents to be invited by the school to participate in meetings for students eligible to receive special education services.

### 10. Availability of Educational Staff and Attorneys

**The provider will ensure that educational staff and attorneys are available to assist case management staff in advocating on behalf of students in state custody.**

**Commentary.** Each DCS region has been assigned an educational specialist and an educational attorney to advocate for students in state custody. The educational specialists should be the first contact for agencies that need assistance with any part of a student's educational program. The educational specialists will work in conjunction with the DCS Education Office to ensure that appropriate educational services are provided to all students in custody. As necessary, the educational attorney shall assist students, agencies, and other DCS educational staff with legal issues surrounding the student's instructional program.

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- a. Each resource parent is required to have two (2) hours of in-service training per year on education services/issues for the child/youth in DCS custody.
- b. Each agency family services worker/DCS family services worker/agency school liaison working in the area of foster care is also required to have two (2) hours of in-service training per year on educational services/issues.
- c. Training may be made available through the regional training coordinators and the DCS regional education specialists and DCS education attorneys.
- d. For recurring public school discipline problems (10 days or more in one school year), the regional DCS education specialist or DCS education attorney should be contacted for assistance.

### 11. Enabling Success in School

**The provider will use clinical experts and other student support providers to work with students, their families, school personnel, and all other members of the school community to enable a child's success in school.**

**Commentary.** Many students in custody in DCS schools or contracted in-house schools have needs that require them to see professional clinicians (or other support providers) in order to make progress toward returning home and attending public schools. Since students spend a great deal of time in school, staff should understand the needs of students, should have assistance in handling these needs, and should realize that these needs will likely manifest themselves in the classroom. Both students and staff should have access to trained professionals and other support staff to help them deal with difficult issues.

### 13. Supporting Learning Needs

**The provider will use school-based and school-focused services to support the specific learning and transitional needs of children in custody.**

**Commentary.** Students in the care of the Department of Children's Services may at times need additional support services in order to function effectively in the public schools. DCS is committed to working in collaboration with local school systems to benefit the students in its care.

### 14. Changes in Educational Placement

**The provider will monitor and limit changes in a student's educational placement in order to avoid disruptions in the learning process.**

**Commentary:** When students must change schools several times, there is an obvious disruption in the educational process. Students are out of school for several days each time, and school records may not "catch up" with students, causing scheduling problems for the school and pupil. At times, credits are lost because students cannot continue the same classes at a new school. Students also must adjust to a new school environment with each move. The fewer times students must move, the more consistent and sequential the educational programming can be.

### 15. Behavioral Problems

When notified by a resource parent that a child/youth is having behavioral problems at home

# EDUCATIONAL STANDARDS FOR DCS PROVIDERS

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and/or school significant enough to cause a future disruption of the child/youth's placement, the family services worker must contact the DCS Well-Being Unit immediately requesting assistance in obtaining in-home wraparound services for the child/youth and resource family. TennCare refers to these services as intensive mental health case management, CTT (Continuous Treatment Team), or CCFT (Comprehensive Child and Family Treatment), and they are available to children/youth in DCS custody who are in Level 2 placements or below.

### 16. Records Transfers and School Changes

**The provider will develop a process to ensure a quick transfer of records, information, and individual support when children change schools.**

**Commentary.** A quick transfer of records from one school to another is vital to proper and prompt placement in the new school. Yet, this is one area that some states have reported as a major problem in educating students in custody. When records are delayed or not sent, students may be placed in inappropriate classes, may not receive credit for work completed, may be forced to repeat classes and state-mandated tests, and may not receive special education services. There must be a systematic method in place for the transfer of educational records. Family services workers must be trained to know what information needs to be exchanged between schools and how to request this information.

# INFORMED CONSENT PROVIDER INFORMATION 050608

## Attachment 10



### Healthcare Consent Guidelines for Youth in DCS State Custody

*You are seeing a youth in the legal custody of the Tennessee Department of Children's Services. Unless the parents' rights have been terminated, DCS is merely the legal custodian – **not** the youth's legal parent or guardian. The parent(s) or guardian(s) have the legal authority to determine healthcare when their youth is in DCS custody. DCS policy is to involve the youth's parent or legal guardian in healthcare decision-making for the youth when possible and in the best interest of the youth. The DCS representative who is present at this appointment will be able to inform you of the guardianship status of the youth and persons responsible for making healthcare decisions.*

**EMERGENCY HEALTHCARE** (medical and behavioral) - The parent/legal guardian, DCS case manager, contract agency caseworker, or foster parent determine consent at the time care is needed. A licensed physician may perform emergency medical or surgical treatment on a youth without consent if the physician has a good faith belief that delay of care would result in serious threat to life or serious worsening of the youth's medical condition.

**ROUTINE HEALTHCARE** (medical and behavioral) - The parent/legal guardian, DCS staff or foster parent present determine consent (as representative of the legal custodian) for *ordinary and routine care*. *Extraordinary or non-routine* treatment will require the parent/legal guardian to determine care. If the parent/legal guardian is unavailable, DCS staff will consult their legal counsel for assistance in determining appropriate steps for consent. This may involve a hearing in juvenile court for the judge to order the extraordinary or non-routine medical care.

**Note - If the youth is 14 years of age or older**, Tennessee law presumes that they have the maturity to decide medical care, but this is determined on an individual case basis by the provider.

**SURGERY** - The parent/legal guardian determines consent. If the legal guardian cannot or will not be available or if termination of parental rights has occurred, then the DCS Regional Nurse has the responsibility of determining consent for *ordinary and routine surgery*. *Extraordinary surgical procedures* will require an order of the juvenile court (if the parent/legal guardian is unavailable or parental rights have been or are being terminated).

**PSYCHOTROPIC MEDICATION** - The parent/legal guardian determines consent if the youth is less than 16 years of age. The parent/legal guardian or legal custodian for a youth 15 years of age and under can consent to disclosure of the youth's confidential information. DCS has asked that the parent be present for this appointment or available by telephone to decide the care of the youth. If the parent cannot or will not be available to determine consent or if termination or parental rights has occurred or is in process, then the DCS Regional Nurse has the responsibility of determining consent. He or she is available by telephone (the number can be provided to you by the DCS representative present). The appropriate informed consent form may be faxed to him/her (again the number will be provided) for signature prior to initiation of medication usage. **The DCS Regional Nurse, as the representative of the legal custodian and acting in place of the parent**, may contact you with questions concerning diagnosis, nature and purpose of proposed treatment, risks and benefits of proposed treatment, alternative

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treatments, risks and benefits of alternative treatment, and risks and benefits of receiving no treatment.

*Note - If the youth is 16 years of age or older*, he or she has the same rights as adults with respect to outpatient and inpatient mental health treatment medication decisions, and confidential information (TCA 33-8-202). The youth has the right to determine parent involvement, including any use of medication. An outpatient facility or professional may provide treatment and rehabilitation without obtaining the consent of the parent, legal guardian, or legal custodian. We ask that appropriate DCS documents indicating the youth's consent to treatment be forwarded to the DCS Regional Nurse or Youth Development Center Nurse for tracking purposes.

### **EXCEPTIONS to parent/legal guardian/legal custodian determination of medical care**

- Youth 16 years of age or older for mental health treatment
- “Mature” 14 year old youth, determined on individual case basis by provider
- Treatment of juvenile drug abuse, a physician may use his/her own discretion in notification of the youth's parents
- Prenatal care of a minor, a physician may use his/her discretion in notification of the youth's parents
- Contraceptive supplies and information
- Treatment of sexually transmitted diseases
- Emergency medical or surgical treatment

### **TREATMENT REFUSAL by parent/legal guardian or youth (14 years of age or older)**

You, as the health care provider, in consultation with DCS will determine:

- if the treatment or procedure is medically necessary,
- if the youth may be harmed if he/she does not receive the treatment or procedure, and
- if DCS determines that the treatment is necessary to protect the youth from harm,

THEN DCS will contact the local DCS attorney regarding the need for judicial intervention.

*We hope these guidelines are informative and helpful in your care of this youth  
and we thank you for the clinical services you are providing.*

## Guide to Search Policy

Provider Level of Care	Search Level Allowed				
	Non-Invasive Searches			Invasive Searches	
	Observation	Visual review of pockets	Wands or metal detectors	Pat Downs	Clothing Search
DETENTION CENTERS	A	A	B, C	B, C	C
PRIMARY TREATMENT CENTERS	A	A	B, C	B, C	
EMERGENCY SHELTERS	A	A			
FOSTER CARE (LEVEL 1)	A	A			
MEDICALLY FRAGILE FOSTER CARE	A	A			
FOSTER CARE THERAPEUTIC	A	A			
INDEPENDENT LIVING	A	A			
LEVEL 2	A	A	B, C		
LEVEL 3	A	A	B, C	B, C	C, D
LEVEL 2 SPECIAL NEEDS	A	A	B		
LEVEL 3 SPECIAL NEEDS	A	A	B	B	
LEVEL 4	A	A	B	B, C, D	C, D
LEVEL 2 SPECIAL POPULATIONS	A	A			E

Search Criteria A: All programs are allowed this level of search at any point.

Search Criteria B: Circumstances in which a child has been out of the range of normal staff or DCS supervision.

Search Criteria C: Pat down searches when the child has had contact with other family members or other children that are not DCS charges or participants in the program in which as child is placed.

Search Criteria D: Searches if a child engages in suspicious activity which would indicate possible concealed contraband.

Search Criteria E: Clothing searches may be performed when warranted by unsupervised contact with persons outside the treatment setting.

## The Practice Model

- ***Family Engagement***

Our work promotes the full participation of families in the child welfare system. Child welfare work, while focused primarily on its legal mandate to ensure child safety, must engage families and be responsive to them. Family-centered and solution focused activities are used. Workers and other staff show genuineness, empathy and respect for families. Communications are honest, straightforward and culturally sensitive. A family's experience of the child welfare system is one of engagement from the first moment that a worker knocks on the family's door to the last interaction at case closure.

- ***Teaming***

A team is created or expanded at the inception of a family's child welfare case. The team includes the family, children and youth, their extended network of informal supports, community partners, formal supports and service providers, resource families and child welfare agency staff. The team becomes a cohesive unit whereby all members understand their roles, rely on each other and hold each other accountable. This team moves with a family and child during their involvement in child welfare with membership growing and changing based on family, child and youth needs. Once the child welfare case is closed, the non-child welfare agency team members continue to support the family to reduce the likelihood that the family will again need child protective services.

- ***Assessment and Understanding***

Teams work together to discover family and child strengths and underlying needs, risks and safety concerns and future goals. Through this joint discovery process, team members have a clear and shared understanding of the family and child. Assessments can be both formal and informal and information is shared among team members. The assessment process is on-going with new information being used to update team members about progress. The shared understanding of the family promotes a unified, consensus-driven approach to decision-making and planning.

- ***Decision-making and Planning***

Teams meet regularly - as needed and at specific points in the child welfare continuum - to make decisions and develop plans thereby ensuring that all information and possibilities have been considered. Planning is focused on providing a clear roadmap for achieving goals and objectives that is known to, understood by and agreed upon through consensus by all team members. Decisions and plans are individualized to match each family's specific strengths, needs, risks and safety concerns.

- ***Plan Implementation***

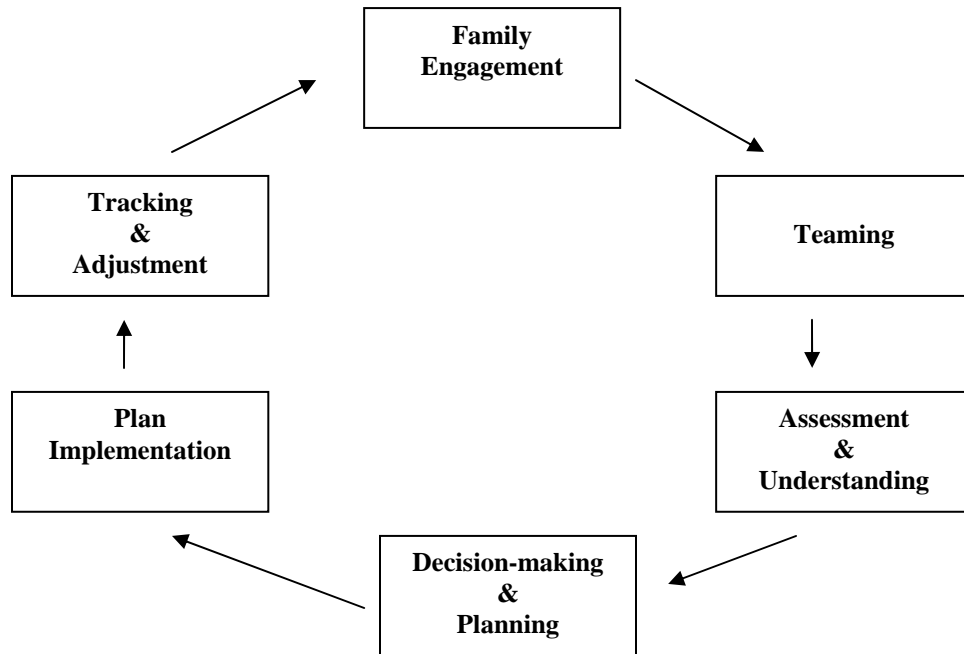
The team works together to implement the plan at an intensity and level of competency that will ensure successful safety, permanency and well-being. Team members are responsive in a timely manner to the commitments made during the decision-making and planning meetings. Supports and services remain sequenced and coordinated throughout plan implementation. The team provides on-going support and encouragement to the family.

- ***Tracking and Adjustment***

Through the on-going tracking of the plan and its implementation, the team determines and communicates about what's working well and what's not working. Adjustments are made to

services and supports to make them more responsive. Team meetings are called as necessary to update the plan based on changing needs and progress.

A visual representation of the practice model is in Figure 1 below.





## **PSYCHIATRIC ACUTE CARE COORDINATION (PACC)**

The Department has established the following guidelines for provider agencies whenever a child, in the care of a provider, experiences an acute psychiatric hospitalization episode:

- As much as possible ensure that some adult known to the child is present upon admission to the hospital to assure the child's well-being;
- Provide clothing/hygiene needs of child upon admission to hospital;
- Provide any pertinent records to hospital regarding child's current/past medical care;
- Provide ongoing visitation/contact with child during hospital stay;
- Notify DCS case manager of admission; coordinate visitation for child with family or others as appropriate;
- Participate in treatment and discharge planning;
- Make sure that medications dosages and other follow up treatment is understood;
- Coordinate discharge transportation with DCS Case Manager;
- Coordinate hospital follow-up appointments with DCS Case Manager;
- Inform placement of treatment needs and work with placement as needed to integrate child back to daily routine;
- Contact school as needed and coordinate for missed schoolwork.

### **NOTE:**

*An acute psychiatric hospitalization episode is not a reason to disrupt a child from his/her placement. All disruptions from a placement MUST be decided within the context of a Child & Family Team Meeting. It is the expectation that the child will return to his/her placement once the child is stabilized.*